

Greenup/Lewis Counties
Adult Drug Court
Implementation Evaluation

Greenup/Lewis Counties Adult Drug Court Implementation Evaluation

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Executive Summary

The current process evaluation report describes the implementation of the Greenup/Lewis Counties Adult Drug Court Program. Data were collected systematically on program operations using multiple methods, including structured interviews with team members, a focus group, review of participant progress as noted in program files, and observation of court session dynamics. These data were examined within the context of the 10 Key Components (Drug Court Programs Office, 1997), a national set of standards used to define effective Drug Court operations, to determine how well these components were implemented within this Drug Court program. Findings show that the Greenup/Lewis Counties Adult Drug Court is implemented in a manner that is highly consistent with the 10 Key Components, and has a significant impact on the participants' behavior in this program. Specifically:

Key Component #1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.

Findings from the focus group and the participant observations showed that the Greenup/Lewis Counties Adult Drug Court successfully incorporates substance abuse treatment with criminal justice-based case management. The drug court team is comprised of professionals from both the criminal justice system (i.e., the judge, the drug court coordinator, case specialist, and prosecution and defense attorneys) and the treatment system (including representatives from two local providers, Pathways, Inc., and Our Lady of Bellefonte Hospital). This broad representation of both systems and perspectives among the members of the Drug Court team helps integrate the public safety and public health goals of both systems. In addition, the Individual Program Plan (IPP) for each participant includes services focused on intensive supervision through random and frequent urine drug testing and regular contact with the judge and case specialists and outpatient-based substance treatment services through group and individual therapy at one of the two local treatment providers.

Key Component #2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Observations by University of Kentucky researchers of the weekly Drug Court sessions and the pre-court case staffings that occurred prior to these sessions showed that the members of the Greenup/Lewis Counties Adult Drug Court team work together efficiently and effectively. It was noted during these observations that the prosecutors and defense attorneys cooperatively focused on both the participants' needs for maintaining their recovery process as well as the needs of the criminal justice system for these participants to stop engaging in criminal activities. By working together in this manner, these attorneys, as well as the rest of the team, help to guarantee that the due process rights of the participant are protected and the public safety needs are served.

Key Component #3. Eligible participants are identified early and promptly placed in the Drug Court program.

Information collected from interviews with the team showed the Greenup/Lewis Counties Adult Drug Court follows a plan that is designed to identify, assess, and place eligible participants into the program as quickly as possible. The team follows established inclusion and exclusion criteria to determine which adults offenders may be eligible to participate in Drug Court. It is important to note, consistent with requirements for Department of Justice funding; only non-violent offenders are eligible for participation in this drug court. Once a potential participant is identified as being eligible for the Drug Court, they are assessed with the Kentucky Drug Court Addiction Severity Index (KDCASI, Logan et al., 2001). The Individualized Program Plan is developed for the participant from the assessment, contact with a treatment provider is established, and then the participant is ready to begin the program. Eligibility screening, referral, and assessment are generally completed within one week.

Key Component #4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

During focus groups and interviews, the Drug Court team reported that the participants in the Greenup/Lewis Drug Court program receive substance abuse treatment services from two providers, (1) Pathways, Inc., and (2) Our Lady of Bellefonte Hospital. The Greenup/Lewis Drug Court has four intact standing therapy groups with these providers, with each having a specialized set of treatment focuses or philosophies. The drug court coordinator places participants into one of these four groups based on their individual needs. Other types of in-house treatment services also are available to participants when the Drug Court team considers it necessary, or when participants request such services. Treatment sessions also address a variety of needs other than substance abuse issues such as behavioral, cognitive, and emotional concerns. All participants are required to attend either individual or group treatment sessions throughout the duration of the program.

Key Component #5. Abstinence is monitored by frequent alcohol and other drug testing.

The Greenup/Lewis Drug Court program administers urine analyses to each participant frequently and randomly throughout their stay in the program. As participants advance through the Phases, drug testing is typically done less frequently. Participants in Phase I are required to submit to urine drug testing at least three times a week, at least twice a week during Phase II, and at least once a week during Phase III of the program. The Drug Court judge reviews results of urine drug tests and applies appropriate sanctions when an individual submits a drug-positive urine screen. Data from the monthly statistical reports made to the Administrative Office of the Courts showed that the adults in Drug Court appeared to be well supervised, with a total of 8,853 urine drug screens collected between July 2002 and May 2003.

Key Component #6. A coordinated strategy governs Drug Court responses to participants' compliance.

The Greenup/Lewis Counties Adult Drug Court program follows a clear system of rewards and sanctions that ties specific behaviors to specific consequences to encourage compliance among program participants (shown in Appendix D). Rewards and incentives are prompted when a participant continues to act in a manner that conforms to program rules, and achievements are regularly acknowledged during court sessions. Conversely, participants are sanctioned when they fail to act in manner that is in compliance with the program rules. The levels of sanctions employed by the judge range from community service to serving jail time to termination from the program. Sanctions and incentives are given soon after the behaviors that prompt their use.

Key Component #7. Ongoing judicial interaction with each Drug Court participant is essential.

Judicial supervision of each participant is an essential element to the success of Drug Courts. The Drug Court team clearly recognizes the importance of judicial interaction with the participants, and uses this interaction as an effective tool in the program. Observation of court sessions by researchers from the University of Kentucky showed that the judge paid individual and careful attention to all participants appearing during the court session. The judge strongly encouraged each participant to be open and honest while maintaining eye contact and showing approval for participants' positive actions and behaviors. The judge also was observed to monitor participants' current activities during pre-court staffing and through frequent communication with other members of the Drug Court team.

Key Component # 8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

An on-going evaluation is conducted by a research team at the University of Kentucky Center on Drug and Alcohol Research. This report is a result of this evaluation, and it is the combination of two process evaluations, one focusing on qualitative data and one focusing on quantitative data. This report is submitted per Bureau of Justice Assistance requirements for an externally-conducted process evaluation of all federally-funded drug courts.

Key Component # 9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Several members of the Greenup/Lewis Drug Court team have attended a number of educational workshops and trainings. The drug court coordinator, prosecution and defense attorneys, and the judge have attended trainings conducted by The National Drug Court Institute as well as other local and state workshops. By attending these educational training sessions, members of the Drug Court team are exposed to interdisciplinary perspectives which can help maintain the high level of professionalism, commitment, and collaboration shown by this team.

Key Component # 10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

The Greenup/Lewis Drug Court program has successfully forged partnerships with many agencies and community organizations. This is evident because the Drug Court team consists of representatives from the court, prosecution, defense, treatment providers, probation/parole and law enforcement and treatment providers. The Drug Court program has not only formed a relationship with Pathways, Inc., and Our Lady of Bellefonte Hospital, but also has established in-house treatment opportunities to promote a comprehensive treatment program for all participants. Relationships also have been formed between the Drug Court program and valuable community resources such as vocational rehabilitation services, adult education programs, and local community colleges.

Strengths. The Greenup/Lewis Counties Adult Drug Court has many strengths, including a well-developed team-oriented approach; a very quick implementation that resulted in the court reaching its expected participant capacity at a relatively early stage of its development; implementation of a well-planned sanctioning algorithm to promote consistency and accountability among participants; coordination with focused outpatient substance abuse treatment services, a strong case management component, and frequent urine testing which provides effective participant supervision. Findings from this evaluation period also showed that of 8,853 urine screens, less than 2% were positive for any drug. Only two participants received felony arrests during the time frame of this report, numerous phase promotions were given, and two participants graduated from the program. These during-treatment performance indicators show that the Greenup/Lewis Counties Adult Drug Court has quickly and effectively advanced beyond its planning phase and has developed a comprehensive program of services.

Recommendations. Based upon information collected from Drug Court team members and the data reviewed for this evaluation period, the following recommendations are offered:

- (1) Continue implementation of Drug Court program operations in accordance with the Ten Key Components.
- (2) Seek funding sources for more intensive collaboration with vocational rehabilitation services in order to develop employment opportunities for Drug Court participants.
- (3) Pursue the acquisition of hardship driver's licenses for Drug Court participants so that they may have more geographic territory in which to seek employment, and to facilitate participant travel to Drug Court-related appointments, hearings and meetings.
- (4) Continue to cultivate community networks supportive of Drug Court in order to expand volunteer, vocational, educational and therapeutic opportunities for participants.
- (5) Develop a sustainability plan that will continue Drug Court operations after the Bureau of Justice Assistance grant has ended.

BACKGROUND AND SIGNIFICANCE

Need for Adult Drug Courts

Kentucky is similar to the nation with regard to continually increasing rates of drug offenders who are incarcerated in prisons and jails. For example, the number of prisoners incarcerated for a drug offense in Kentucky showed a 3-fold increase from 1,242 individuals in 1992 to 3,279 in 2001 (Kentucky Department of Corrections, 2001). This trend in Kentucky is comparable to the trends shown in national data describing the rates of drug offenders incarcerated in state prisons, which increased from 155,847 in 1990 to 251,000 in 2000 (U.S. Department of Justice, 2002). State data also show that 32% of the drug offenders released from Kentucky penal institutions recidivate (defined as additional contact with the criminal justice system following release; Kentucky Department of Corrections, 1997). This pattern of findings also is similar to recidivism rates for released drug offenders nationwide, which was reported as 32.6% in 1994 (U.S. Department of Justice, 2002). Although recidivism is highest among violent offenders, the rate of recidivism for drug offenders is climbing rapidly (Kentucky Department of Corrections, 1997). In addition, Leukefeld et al. (1999) found that 59% of Kentucky inmates were dependent upon substances, and that inmate illicit drug use one month prior to incarceration was 20 times higher than that of the general population.

In response to the rising costs of incarceration and increased numbers of drug arrests that lead to incarceration, the Kentucky Administrative Office of the Courts (AOC) established a Drug Courts division in July 1996 to provide fiscal and administrative oversight to all Drug Court programs in Kentucky.

Drug Courts in Kentucky

The motto for Kentucky Drug Court is “A chance...a change.” Kentucky Drug Court is aligned with more than 1000 Drug Courts in operation across the United States. Its mission is to create a criminal justice environment in Kentucky that stops illicit drug use and related criminal activity and promotes recovery and reintegration into society while emphasizing public safety and fair representation of all interests under the laws of the Commonwealth of Kentucky.

All adult Drug Courts in Kentucky are grounded in the 10 Key Components described in the publication *Defining Drug Courts: The Key Components* (Drug Court Programs Office, 1997). These 10 Key Components were developed by the Drug Court Standards Committee to ensure that a core set of standards (see Table 1) were defined for all Drug Court programs to follow. All adult Drug Court programs in Kentucky are expected to adhere to a programmatic model developed by the Administrative Office of the Courts that fulfills the standards set in the 10 Key Components. Of course, individual programs vary to a certain degree in exactly how each of the standards are fulfilled because the 10 Key Components are intended to be somewhat flexible for helping each jurisdiction answer specific needs unique to its drug court.

Summarized briefly, Drug Court programs in Kentucky represent a team-oriented effort that brings together professionals from the criminal justice system, the treatment delivery system, and the community who are focused on combining intensive criminal justice supervision with drug abuse treatment. This combination of intensive supervision and treatment helps hold offenders accountable for their actions and provides an atmosphere that has been shown to be effective for reducing recidivism and drug use and for improving

employment rates among Kentucky drug offenders (Logan, Hiller, Minton, & Leukefeld, in press).

The Drug Court team-centered environment fundamentally transforms the roles of both criminal justice practitioners and alcohol and other drug abuse (AOD) treatment providers as they collaborate with each other in an attempt to help the offender to learn to live a drug-free, crime-free, prosocial life. Although team members frequently represent diverse interests and systems, a balance is struck between the need for intensive supervision (ensuring public safety and offender accountability) and focused treatment on the many treatment needs evident in adults who abuse drugs. Family therapy, substance abuse therapy, relapse prevention, anger management, stress management, education, employment, life skills, structure, responsibility, accountability, and impulse control are only a few of the psychosocial areas that Adult Drug Court must address in order to have a favorable impact on the offender and the community as a whole.

Like Drug Courts around the nation, the judge is the central figure in the Drug Court. As the central authority figure for the team, the judge acts as both an advocate and instructor. This fundamentally shifts the relationship between the judge and the participant from being an adversary and punisher, to being a mentor and socializing agent. In exchange for successful completion of the Drug Court program, the judge may choose to dismiss the participant's original charge through diversion and/or modify the type of probation. Altogether, at the time of this report, Kentucky had 18 implemented adult Drug Courts, 7 fully implemented juvenile Drug Courts, and 2 family Drug Courts. Many more are being planned, and the expansion of Drug Court is expected to continue as more programs are

developed through grass root efforts to address growing problems with methamphetamine abuse in Western Kentucky and an Oxycontin crisis in Eastern Kentucky.

Table 1. Drug Court Key Components

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants' compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gage effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

Source: Drug Court Programs Office (1997, January). Defining Drug Courts: The Key components

Context and Development of the Greenup/Lewis Counties Adult Drug Court

In Greenup County, during Fiscal Year 2000, 520 arrests were made for driving under the influence (DUI), 215 arrests were made for drunkenness, 326 arrests were made for narcotic drug law offenses, and 2 arrests were made for liquor law offenses. In Lewis County, during Fiscal Year 2000, 125 arrests were made for driving under the influence (DUI), 120 arrests were made for drunkenness, 76 arrests were made for narcotic drug law offenses, and nine arrests were made for liquor law offenses (Commonwealth of Kentucky,

2000). Recognizing that many of the offenders in these two counties had problems with drugs and alcohol, a team from this jurisdiction's court first participated in the Drug Court Planning Initiative, a national program funded by the Bureau of Justice Assistance to help interested jurisdictions to plan a local Drug Court Program. Following this, an implementation grant was submitted to the Bureau of Justice Assistance to seek funding for establishing a Drug Court program for drug offenders in these counties.

The purpose of this report is to provide the results of a process evaluation of the Greenup/Lewis Counties Adult Drug Court program to partially fulfill the mandated evaluation of all federally funded Drug Court programs. The data discussed in this report derives from the time frame of July 2002 through May 2003. The Greenup/Lewis Counties Adult Drug Court program began their pilot program in January of 2002, and in July of 2002, the Drug Court program received a three-year grant.

Because the Greenup/Lewis Counties Adult Drug Court program is grounded appropriately in the Key Components described in the 1997 publication *Defining Drug Courts: The Key Components*, the current evaluation focuses upon describing the level of compliance with these standards by the program. To this end, a variety of established and systematic research activities and methods were used to document the implementation of this program, including interviews with drug court staff, review of program records, a focus group, and participant observation during court status hearings. Together, these data showed that the Greenup/Lewis Counties Adult Drug Court closely adheres to the standards established in the 10 Key Components of Drug Court.

PROCESS EVALUATION METHODOLOGY

Interviews

A set of interview instruments that collected both quantitative and qualitative data from the Drug Court team was used during this process evaluation (see Logan, Williams, Leukefeld, & Minton, 2000). These interviews were conducted with judges, Drug Court administrators, prosecutors, defense attorneys, and treatment providers. The Drug Court Judge Interview assessed level of prior experience with the target population, the perceived potential impact of the Drug Court on the community and judicial system, who determined program eligibility, overall capacity, consequences for failing the program, services needed, planned level of supervision, and types of graduated sanctions and rewards used. The Drug Court Coordinator Interview is a comprehensive questionnaire which was completed with a Drug Court coordinator and detailed the specific operational characteristics of the Drug Court program. Specific sections highlighted the target population, program goals, program organization and function (e.g., recruitment, capacity, assessment, services), supervision practices, staff characteristics, and community organization involvement. The Drug Court Staff Interview gathered detailed data about the roles and treatment orientation of the Drug Court staff members. The Prosecution and Defense Interviews focused on perceived benefits, level of understanding of what the Drug Court program includes, level of commitment to help make it work, and perceived problems. The External Treatment Interview helped to pinpoint what types of treatment services were offered and through what avenues.

Court Observation

Two researchers from the University of Kentucky observed one Greenup County Adult Drug Court Session and one Lewis County Drug Court session, providing four unique observations of the operations of this court. Data were coded using a protocol developed by Satel (1998) during a national study of 15 adult drug court programs. This allowed for a systematic description of the interactional (exchanges between the judge, court staff, and participants) and environmental (physical characteristics of the setting) variables of the drug court session. The method involved coding each session on 19 specific characteristics that focused upon the interaction between the Drug Court judge and participants (including eye contact, physical proximity of the judge to the participant, who the judge first addresses, whether each participant remains present in the court room throughout the entire session, and time spent with each participant) and the court room setting (including seating arrangements and ambient noise level). In addition, Drug Court staff were asked to rate how typical the observed sessions were for regular court operations. Findings suggested that these observed sessions were typical of court operations, with program staff indicating high level of agreement that the court status hearings were typical. A copy of the observation code sheet is included in Appendix A.

Monthly AOC Statistical Reports

The Greenup/Lewis Counties Adult Drug Court submits monthly reports to the Administrative Office of the Courts. These reports summarize the number of candidates referred, the number assessed, the number of individual drug screens, number of candidates eligible, and the number transferred from probation. Also reported are the number of participants receiving phase promotions or demotions; the number of court sessions; the

number of participants identified as using an illicit substance based on urine drug screens; the number of individual sessions; the number of drug sessions; the number of family/support sessions; the number of participants referred to outside agencies; employment and educational status of participants; number of employment and housing verifications; amount paid toward court obligations; the number of sanctions; the number of participants rearrested for new charges; the number of terminations; and the total number of active participants in the preceding month. For the current evaluation, the monthly statistics reports covering July 2002 through May 2003 were reviewed and coded for data.

Program Documentation

Several other sources of program documentation also were reviewed for the process evaluation. These included copies of the grant application submitted by each court for funding, handbooks provided by each drug court to its participants to outline the design and expectations of the program, and the policy and procedure manuals for each court.

Participant Records

Following IRB approval of the research protocol, University of Kentucky research staff coded records of each of the participants who had received services in the Greenup/Lewis Counties Adult Drug Court between July 2002 through May 2003 using a standard data collection protocol (see Appendix B) to describe the characteristics and during-program outcomes of these participants. Information coded from files include demographic information (i.e., age, race/ethnicity, gender, living arrangements) and during-program outcome indicators like time-in-treatment, new arrests and reincarcerations, results from urine screens for illicit drug use, phase promotions and demotions, and type and frequency of sanctions.

Focus Group and Logic Model

A focus group also was conducted with Drug Court team members during the process evaluation. The goal of the focus group session was to synthesize a comprehensive description of program elements for this Drug Court using a “logic model” approach. A preformatted logic flow model (adapted from Harrell, 1996) was completed during a researcher-led focus group to help Drug Court staff to articulate specific goals, outputs, and activities for their Drug Court, with special emphasis placed on identifying links between specific program activities and their influence on the stated goals and objectives. After providing informed consent, focus group members were provided with a series of questions that asked them to identify the target population served by the Drug Court; to list program goals/outcomes (the expected results); to describe initial goals (short-term progress indicators) and treatment activities (specific actions taken and services provided to effect both long- and short-term goals); and to record other model components like resources (e.g., materials and personnel available), participant background characteristics (i.e., common participant risk factors) and other factors which may influence realization of the goals (such as environmental characteristics over which the Drug Court may have no control). Finally, logical causal links were discussed, identifying the integral part that each component plays in the program.

FINDINGS: PROGRAM DESCRIPTION

Drug Court Program Structure and Processes

Geographic and socioeconomic context. The Greenup/Lewis Counties Adult Drug Court program is located in the Outer Bluegrass and Eastern Coal Field regions of the state with its main program office in Greenup, at the mouth of the Little Sandy River on the Ohio

River (Kentucky Atlas and Gazetteer, retrieved online October 2003). Drug Court sessions are held in the Greenup County Courthouse in Greenup and in the Lewis County Courthouse in Vanceburg, Kentucky.

The population estimate in 2002 for Greenup County was 36,761, and 13,944 for Lewis County (Kentucky State Data Center, retrieved online October 2003). US Census figures reported for 2000 indicate that 98.1% of Greenup County's population was Caucasian, 0.6% African American, and 0.6% Hispanic. Lewis County's demographic composition in 2000 was 98.9% Caucasian, 0.2% African American, and 0.4% Hispanic (United States Census Bureau, retrieved online October 2003).

Both Lewis and Greenup counties are within the Central sub region of Appalachia as defined by the Appalachian Regional Commission (ARC). Greenup County borders both West Virginia and Ohio, and is close to the Huntington, West Virginia and Ashland, Kentucky metropolitan regions (defined by the Office of Management and Budget for use by the US Census Bureau). The county seat is Greenup. As of fiscal year 2002, the ARC had defined the county as economically "transitional," meaning that it had met one of the three criteria used to identify economic distress¹. The per capita income reported for Greenup County in 1999 was \$19,681, 68.9 % of the national average per capita income for that year. The unemployment rate in 2000 was 5.5%, 36.9% higher than the national average unemployment rate. In 1990, Greenup County had a 34.3% higher poverty rate than the national average, at 17.6%. Educational data regarding the population showed that in 1990, 64.7% of the county's population had completed a high school degree, while only 11% had completed a college degree (ARC, retrieved online October 2003).

¹ Transitional counties are classified as those that are below the national average for one or more of the three economic indicators (three-year average unemployment, per capita market income, and poverty) but do not satisfy the criteria of the distressed category. (Appalachian Regional Commission)

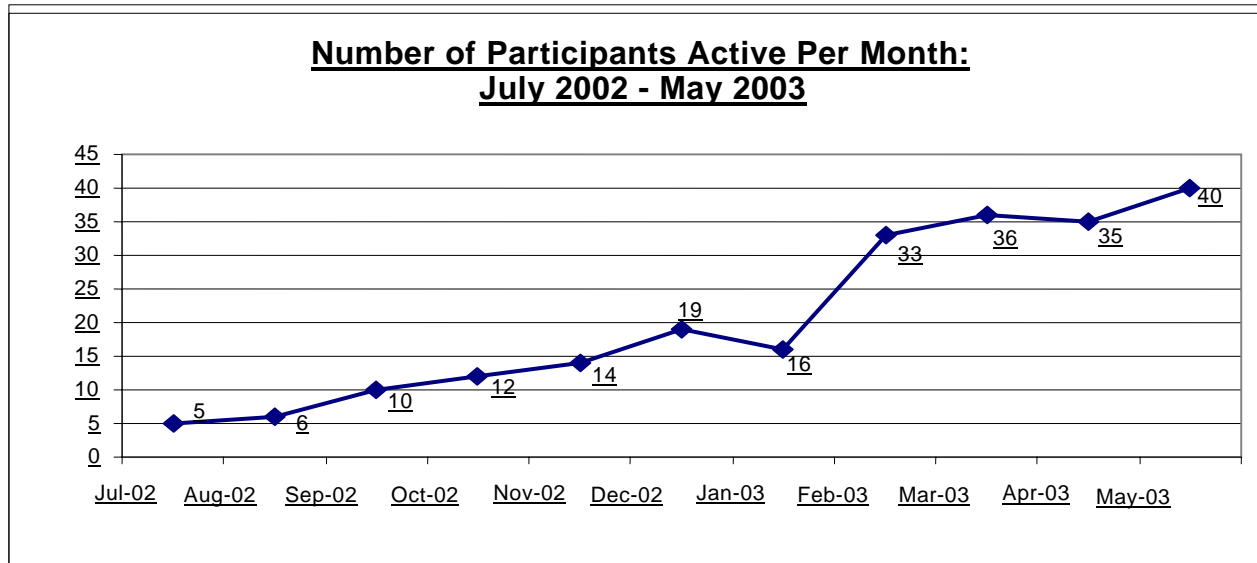
Lewis County also lies on the Ohio River, to the west of Greenup County. The ARC has defined this small county as economically “distressed,” which by ARC’s definition designates the regions that are the most economically depressed². The per capita income for Lewis County in 1999 was \$13,659, only 47.9% of the national average per capita income. The unemployment rate for 2000 in the county was 15.8%, almost four times higher than the 2000 national average unemployment rate of 4%. Lewis County’s 1990 poverty rate was 30.9%, or 234% of the nation’s average poverty rate for the same year. Only 45.4% of the county’s adult residents had their high school diploma in 1990, and 6.7% had completed a college degree, well below national average percentages of the same, 75% and 20% respectively in 1990 (ARC, retrieved online October 2003).

Capacity and caseload. The Greenup/Lewis Adult Drug Court has treatment slots for up to 50 participants; however, if the capacity of the Drug Court is reached, additional staff will be hired in order to accommodate all the potential participants. During the evaluation period examined by this report (July 2002 through May 2003), there were 46 participants active in the program for at least a part of this time frame. As shown in Figure 1, having a pilot program in place when the grant was awarded in July of 2002 helped the Greenup/Lewis County Adult Drug Court to rapidly expand and have a quicker-than-usual implementation. Initially, in July of 2002, five participants were admitted to the program, this number doubled by October, and doubled again by January 2003. A slight decline in caseload was evident in February of 2003, but a sharp increase in enrollment brought the

² Distressed counties are the most economically depressed counties. These counties have a three-year average unemployment rate that is at least 1.5 times the national average; a per capita market income that is two-thirds or less of the national average; and a poverty rate that is at least 1.5 times the national average; OR they have 2 times the national poverty rate and qualify on the unemployment or income indicator. (Appalachian Regional Commission)

total number of participants active in the program to 33 in March 2003. A total of 40 participants were active in May of 2003.

Figure 1.



Demographically, as shown in Table 2, the majority of the Drug Court participants were male (67%) and White/Caucasian (98%) [As noted earlier, data from the 2000 US Census showed that in terms of race/ethnicity, of the 36,761 residents of Greenup County, 98.1% reported they were White/Caucasian and 0.6% reported they were African American. Of the 13,944 residents in Lewis County, 98.9% reported they were White/Caucasian, and 0.2% reported they were African American]. The average age of the participants at Drug Court entry was 28.8 (range 18 – 53 years old). The majority (63%) of the participants were between the ages of 18 and 29. Data on the educational achievement of participants showed that 60% had graduated high school, 37% had not graduated high school, and 17% had also had vocational training. Seventeen percent reported that they had a chronic health problem, including chronic pain, chronic back pain, back problems, and Crone's disease.

Table 2. Participant Background Characteristics at Drug Court Entry

Characteristic	(<u>N</u> = 46)
Gender	
% Male	67
% Female	33
Race/Ethnicity	
% White/Caucasian	98
% More than one race	2
Age at Drug Court Entry	
% 18-19	13
% 20-29	50
% 30-39	17
% 40-49	17
% 50 and older	2
Average (Standard Deviation)	28.8 (9.2)
Range	18-53
Education Level	
% Less than High School	60
% High School/GED	37
% More than High School	2
% Vocational Education	17
% with Chronic Health Problems	17

Table 3. Drug Use Characteristics of the Drug Court Participants

Characteristic	(<u>N</u> = 46)
Drug Use History	
% Ever Used Alcohol	94
% Ever Used Marijuana	96
% Ever Used Powder Cocaine	76
% Ever Used Crack	44
% Ever Used Methamphetamine	44
% Ever Used Opioids	72
% Ever Used Multiple Drugs at 1 time	76
Recent Drug Use (prior 30 days)	
% Used Alcohol	61
% Used Marijuana	51
% Used Powder Cocaine	13
% Used Crack	2
% Used Methamphetamine	7
% Used Opioids	30
% Used Multiple Drugs at 1 time	46
Treatment History	
% Ever in Substance Abuse Treatment	67
% Ever in Alcohol Abuse Treatment	24
% Ever in AA or NA	46
% Ever had Mental Health Treatment	33

Examination of the participants' drug use data showed that the Greenup/Lewis Counties Adult Drug Court provides services to a highly diverse group of drug-abusing

probationers. Virtually all of the participants reported that they had used alcohol (94%) and marijuana (96%) during their lifetime. The majority also reported that they had used powder cocaine (76%) and opioids (72%). About half reported having used crack and/or methamphetamine (44%, respectively). Recent drug use (in the 30 days prior to admission to the Drug Court) most commonly included alcohol (61%), marijuana (51%), and multiple drugs used at one time (46%). Cocaine and crack use was infrequent even though many had used it during their lifetimes. Of particular importance, however, was that 30% of the participants reported using opioids in the 30 days before drug court, a trend that reflects the Oxycontin endemic in Eastern Kentucky.

Drug Court staff and team members. The Greenup/Lewis Counties Adult Drug Court employs one full time Drug Court coordinator, who began working with the team during the planning phase of the Drug Court in August of 2000. The coordinator's primary responsibility is to oversee the Drug Court program by conducting assessments, providing and assuring quality treatment, updating each participant's individual plan, providing random drug screens, and verifying employment and housing stability. The Drug Court hired an additional full time case specialist to assist the treatment coordinator with identifying participant needs and case management. The Drug Court judge volunteers his time to the Drug Court program. The Drug Court team also includes a representative from probation/parole, a public defender, a defense attorney, representatives from Our Lady of Bellefonte Hospital and Pathways Incorporated, a representative from the sheriff's department, and the Commonwealth's Attorney.

Referrals, eligibility, and admissions procedures. Participants may be referred to the program by public defenders, word of mouth between inmates, brochures inviting arrestees/defendants to apply, prosecutors informing defendants, and the judge. The team meets during a pre-court staffing each week in order to discuss and to either approve or disapprove all referrals made during the preceding week. When a referral has been approved for entry into Drug Court, the Kentucky Adult Severity Index (Logan, et al., 2001) is administered to them by the treatment coordinator. The assessment is done either in jail or in the Drug Court Office, and is completed within 7-14 days after accepting the participant.

To be eligible for the Greenup/Lewis Counties Drug Court, adults must be assessed on certain inclusionary and exclusionary criteria. Participants must be on either a diversion or probation track of case disposition. Participants also must be abusing or dependent on substances, and be a resident of the 20th District. Consistent with requirements of the funding agency (i.e., Bureau of Justice Assistance) no violent felony offenders are allowed in the Greenup/Lewis Adult Drug Court program. Offenders who are eligible for the Drug Court program are required to sign a written agreement of participation.

Phase structure. Like all Kentucky Drug Courts, the Greenup/Lewis Counties Adult Drug Court is divided into three distinct phases, each with a separate set of goals, procedures, and strategies for reaching these goals. A general overview of these three phases (including Drug Court sessions, treatment activity, and supervision level) is presented in Table 4. The expected duration of a participant's stay in Drug Court is between 12 and 18 months, but many participants likely will take longer than this to finish the program if they are continually making progress.

Generally, as participants move through the three Drug Court phases, the number of court sessions that they are required to attend decreases, as does their level of supervision. Participants are required to attend all scheduled Drug Court sessions required for their phase in the program. In Phase I, participants are under the most intensive judicial supervision, meeting with the judge in a drug court session once per week. During Phase II, the level of treatment is more intensive than treatment in Phase I, and judicial supervision is decreased to bi-weekly meetings. In Phase III, participants are under the lowest level of judicial supervision, meeting with the judge once every three weeks (see Table 4).

Supervision also is accomplished through regular and random urine drug testing for illicit drugs and alcohol, and treatment session attendance is mandated as a part of the program. During Phase I, a participant is expected to submit at least three urine analyses per week, attend three AA/NA meetings, and attend three group substance abuse sessions, with individual counseling sessions scheduled as needed. In Phase II, participants are expected to submit to at least two urine analyses per week, attend two AA/NA meetings, and attend two group substance abuse sessions. They are also required to attend individual and other counseling sessions as needed. During Phase III, participants are expected to submit to one urine analysis per week, attend one AA/NA meeting, and attend one group substance abuse session, with individual counseling sessions scheduled as needed.

Table 4. Drug Court Program Phase Requirements

Phase I: Stabilizing Period (Minimum Requirements)

1. To attend one Drug Court session per week;
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol;
3. To attend and document required number of 12-step support meetings;
4. To attend all assigned group, family, and/or individual counseling sessions;
5. To begin to make necessary arrangements for payment of Court obligations;
6. To maintain Court-approved stable housing;
7. To maintain Court-approved employment, training, and/or education referrals;
8. To turn in journal assignments;
9. To comply with any necessary medical referrals; and
10. To purchase a NA or AA text book, begin work on a 12-step recovery program, and obtain a sponsor.

Phase II: Educational Period (Minimum Requirements)

1. To attend one Drug Court session every 2 weeks;
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol;
3. To attend and document required number of 12-step support meetings;
4. To attend all assigned group, family, and/or individual counseling sessions;
5. To begin payment of any restitution, court costs, etc.;
6. To maintain Court-approved stable housing;
7. To maintain Court-approved employment, training, and/or education referrals;
8. To turn in journal assignments;
9. To complete assigned readings;
10. To maintain daily physical activity;
11. To do at least one good deed per court appearance;
12. To obtain/maintain an approved NA/AA Sponsor and continue work on a 12-step program.

Phase III: Self-motivational Period (Minimum Requirements)

1. To attend one Drug Court session every three weeks;
2. To provide all assigned drug screens each week which reflect no use of drugs or alcohol;
3. To attend and document required number of 12-step support meetings;
4. To attend all assigned group, family, and/or individual counseling sessions;
5. To pay a substantial amount of restitution, court costs, etc.;
6. To maintain Court-approved stable housing;
7. To maintain Court-approved employment, training, and/or education referrals;
8. To turn in journal assignments;
9. To complete assigned readings;
10. To maintain daily physical activity;
11. To do at least one good deed per court appearance;
12. To maintain a full-time sponsor and continue work on a 12-step program;
13. To regularly mentor a new Drug Court participant and/or group session;
14. To complete an exit calendar; exit interview and plan for aftercare.

Participant goals. The explicit goals that participants are expected to work toward while in the program are provided in the participant handbook they are given upon entry into the Drug Court. Like the goals articulated above for each drug court phase, each of these goals (see Table 5) is designed to teach the participant that he or she is accountable for his or her behaviors, and to help connect them with a variety of rehabilitative programming intended to address the criminogenic background and drug abuse problems. It should be noted that this set of goals is expected of all participants, and additional concrete individualized goals are included in each participant's individual progress plan to support these overall goals. Participants must agree to these goals and sign an authorization after having reviewed the program and program requirements with their defense attorneys in order to participate in the program.

Table 5. Participant Goals

Although the Drug Court staff will work with you on individual goals, the following are goals for every participant:

1. To learn to be alcohol and drug free;
2. To learn better life coping skills;
3. To adjust to a drug-free-lifestyle;
4. To develop a non-criminal pattern of living;
5. To enhance employment skills through vocational training and educational pursuits;
6. To attend 12-step support groups;
7. To increase social skills;
8. To enhance self esteem and self motivation;
9. To learn the warning signs of relapse and develop a relapse prevention plan;
10. To accept responsibility for financial obligations and learn budgeting skills;
11. To develop time management skills;

Source: Participant Handbook for Greenup/Lewis Counties Adult Drug Court

Graduation. The Drug Court judges hold ultimate discretion over determining whom should graduate from the Drug Court, but the judges' decisions are based on extensive input from each of the team members during case staffings about the participants progress (or lack of progress) on their individual program plan and on fulfilling the expectations and requirements of the Drug Court program. In terms of graduation requirements, generally, the team recommends a participant for when he or she has been in the program for a minimum of 12 months, has been actively participating (e.g., attending all scheduled treatment sessions) in the program, has successfully completed all of the requirements for each of the three Drug Court phases, has had supportive, stable living arrangements for the most recent 6 months, has been employed during these same 6 months (unless the participant is disabled, in vocational rehabilitation, or a student), and has provided only drug-free urine screens for at least three of the consecutive recent months. . Participants are also required to pay all of their fees or have a plan regarding how they will pay their fees in order to graduate.

To date one participant has graduated from the Lewis County part of the Adult Drug Court, and one participant has graduated from the Greenup County part of the Adult Drug Court. Drug Court staff members are expecting graduation ceremonies to be held at least twice a year. Drug Court graduation takes place in the courthouse, and following the ceremony there is a reception with cake and punch. Participants are able to invite anyone to their graduation. Family and friends are welcomed, as well as the press if the event is public. The drug court team members and personnel from the Administrative Office of the Courts, who oversee the Drug Court program, are all invited to attend graduation. The

participant's charges will either be expunged or probation will be lifted upon graduation from the Drug Court program.

Program rules and termination. Each new Drug Court participant is given a Greenup/Lewis Counties Adult Drug Court Handbook at program entry that details the operations of the program, policies and procedures, rules, and what each participant can expect from program participation. Rules are viewed by the team as being important for many reasons. They impose a structure (often unfamiliar to participants) upon the lives of the participant; ensure the safety of the staff and participants; provide a model of the larger social order; and promote programmatic consistency and predictability, and fair treatment of all participants. Table 6 presents the statement of the rules imposed on the participants when they enter Drug Court. Failure to follow rules can and frequently does result in the imposition of a disciplinary sanction. When a participant is persistently noncompliant with the program rules, they may be terminated from the program. Violence, mistreatment of any of the Drug Court team members, consistent positive drug screens, and having new felony charges filed against the participant prompts termination from the drug court. When this happens, the participant's probation is revoked, and a hearing is held, and the former participant is sentenced to serve any remaining time on the original sentence that he/she had set aside when he/she agreed to participate in the Drug Court.

Table 6. Participant Rules

1. Appropriate clothing is expected at all times. You must wear a shirt or blouse, pants or skirt, and shoes. Sunglasses will not be worn inside the Drug Court Center or Court. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed. No gang colors or gang clothing shall be worn in the Center or Court.
2. You must attend all scheduled counseling sessions, educational sessions, and Court sessions, unless you obtain prior approval. You must arrive on time and not leave until the meeting is over. If you are late, you may not be allowed to attend the session and may be considered absent. Arrangements must be made to make up missed groups before your next court appearance.
3. The following actions will not be tolerated:
 - Violence or threats of any kind
 - Use and/or possession of drugs and/or alcohol
 - Belligerent behavior
 - Possession of any type of weapon
 - Inappropriate sexual behavior or harassment
 - Romantic relationships among participants
 - Failure to notify staff of any arrest, court obligations or fees within 12 hours
4. Your family, children and /or friends cannot loiter on the premises. If they are providing transportation, they should simply drop you off and pick you up at the end of the session.
5. You may not carry beepers or cellular phones to Court or group sessions.
6. The program shall comply with KRS 620.030 regarding the reporting of cases of abuse or neglect of minors. The program shall also comply with KRS 209.030 regarding the reporting of cases of abuse and neglect of adults. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
7. You are expected to maintain appropriate behavior at all times during Drug Court sessions and while in the courthouse. The judge shall be addressed with respect. Unless prior approval is given, you will remain for the entire proceeding. There will be no talking while seated in the audience. You will be permitted to show support and encouragement to fellow participants by applause, but only during appropriate times. Your behavior and demeanor while in the courthouse is a reflection on the entire program. Maintaining appropriate behavior is indicative of the progress you and your fellow participants are making toward your recovery.
8. All participants must comply with curfew times: Sunday-Thursday, 11:00p.m.; Friday-Saturday, 12:00a.m. as set by the court. Exceptions must be approved by the Drug Court judge or staff. If you work later than the hours, you have 30 minutes leeway to get home.

Drug Court Program Elements

Treatment. The first key component of Drug Courts, identified as “integrating alcohol and other drug treatment services with justice system case processing,” is implemented at the Greenup/Lewis Counties Adult Drug Court program in order to help adult men and women recover from their drug problems and to cease criminal behavior. The Drug Court employs a Certified Alcohol and Drug Counselor (CADC) and a master’s level counseling psychologist. The Drug Court also utilizes the services of Pathways Inc., and Our Lady of Bellefonte Hospital.

Upon admission into the program, the participants are placed into one of four different treatment groups depending on the participant’s individual needs. Intensive outpatient services are available at Our Lady of Bellefonte Hospital and Pathways, Inc. Participants who need specialized treatment due to gender-specific issues can be referred to a women’s substance abuse group, or a men’s substance abuse group at Pathways Inc. Aftercare for these gender-specialized groups is conducted at Our Lady of Bellefonte Hospital. Participants may also be placed in a group that focuses specifically upon the Alcoholics Anonymous recovery model at Our Lady of Bellefonte Hospital, known as a “Big Book” study group.

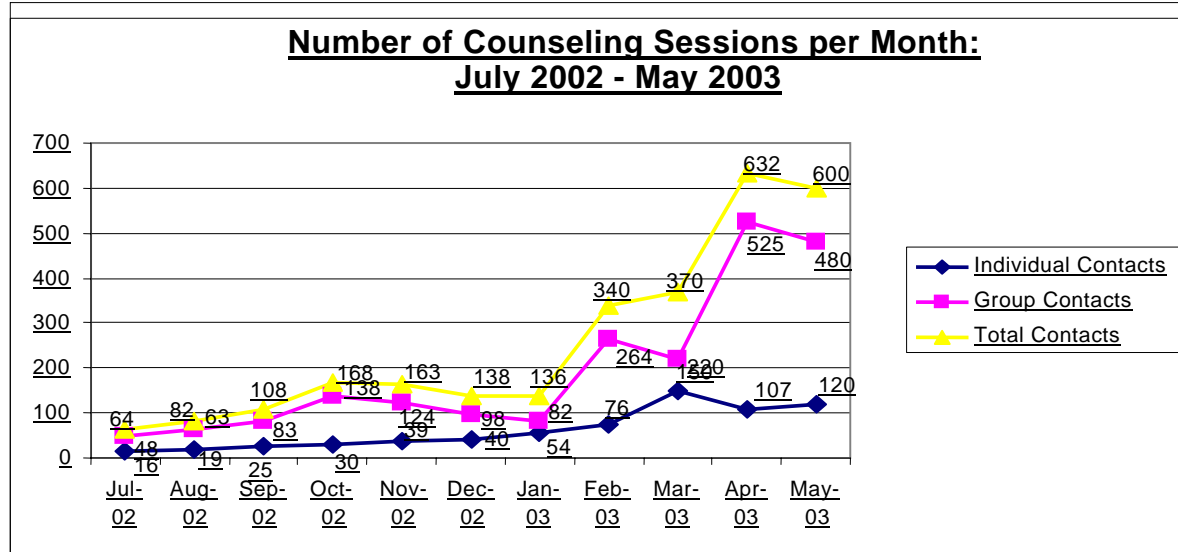
Both individual and group sessions focus upon several principal issues throughout treatment, including changing lifestyles (daily habits) and environments (friends, living situation) that support drug use; enhancing positive life skills (coping abilities, personal functioning) and interpersonal relationships; and improving one’s educational level.

Group treatment sessions are held 3 times per week during Phase I, twice per week in Phase II, and once per week during Phases III. Participants receive one individual treatment

session per week in Phase I, one every other week in Phase II, and one every three weeks in Phase III. Individual sessions are used in order to address the specific needs of a participant. Issues addressed during individual sessions vary depending on the particular needs of the participant. In addition to scheduled group and individual treatment sessions, the case specialist and drug court coordinator provide additional informal or unscheduled counseling and are available 24 hours a day for emergency situations.

The goal of the Greenup/Lewis Counties Adult Drug Court is to provide effective treatment in order to help participants make the necessary changes in their lives so that a drug-free life is possible. While the counseling sessions follow a general protocol, there is freedom to modify treatment sessions in order to address the needs of the individual participants in the most effective manner. Analyses combining group and individual sessions (summarized in Figure 2) indicate that the fewest number (\underline{n} =64) of treatment sessions were provided in July of 2002, and the most sessions (\underline{n} =632) were provided in April of 2003. Analyses of the number of group and individual sessions showed that a total of 2,801 treatment contacts were made with Drug Court participants between July 2002 and May 2003.

Urine supervision. Substance abuse treatment and supervision of participants through urine screens for detecting illicit drug use are two of the essential features of Drug Court. The combination of these two aspects of Drug Court intervention has been repeatedly shown to be effective for offenders in criminal justice-based treatment (Nurco, Hanlon, Bateman, & Kinlock, 1995). The urine supervision component of the Drug Courts is reflected in two key components, identified in Table 1. Key Component five states, “Abstinence is monitored by frequent alcohol and other drug testing.”

Figure 2

To ensure that urines are collected randomly from participants, each participant is required to call into a toll-free number operated by Exemplar, Inc., to be told whether or not his or her phase group has been randomly chosen to be required to submit a urine screen for drug testing that day. Drug testing is done on-site by an Exemplar representative using one of three types of 3-panel stick screen (i.e., THC, Cocaine, Opiates; THC, Cocaine, Oxycontin; THC, Opiates, Methamphetamine). All screens are sent to Exemplar for additional confirmation testing. As noted previously, the minimum number of times an individual is required to “drop” a urine screen is phase dependent, with participants in Phase 1 required to submit at least 3 urine screens per week, participants in Phase 2 submit at least 2 screens, and participants in Phase 3 submit at least 1 per week.

Data from the Monthly Statistical Reports indicated that the Drug Court participants appeared to be well supervised, with urine screening being frequently used to monitor the drug use of participants. A total of 8,853 urines screens were collected, with an average of 42.1 urine screens collected per participant each month. As shown in Figure 3, the fewest

(\underline{n} = 64) urine screens were collected in July 2002, and the most (\underline{n} =1787) urines were collected in May 2003. While urine analysis are a useful way to look at overall supervision level, it should be noted that urine-screening requirements decrease as participants are promoted to higher phases, and the participants' phase was not considered in these analyses. Therefore, the numbers of urine screens per participant described in the graphs below underestimate the intensity of supervision provided.

Figure 3

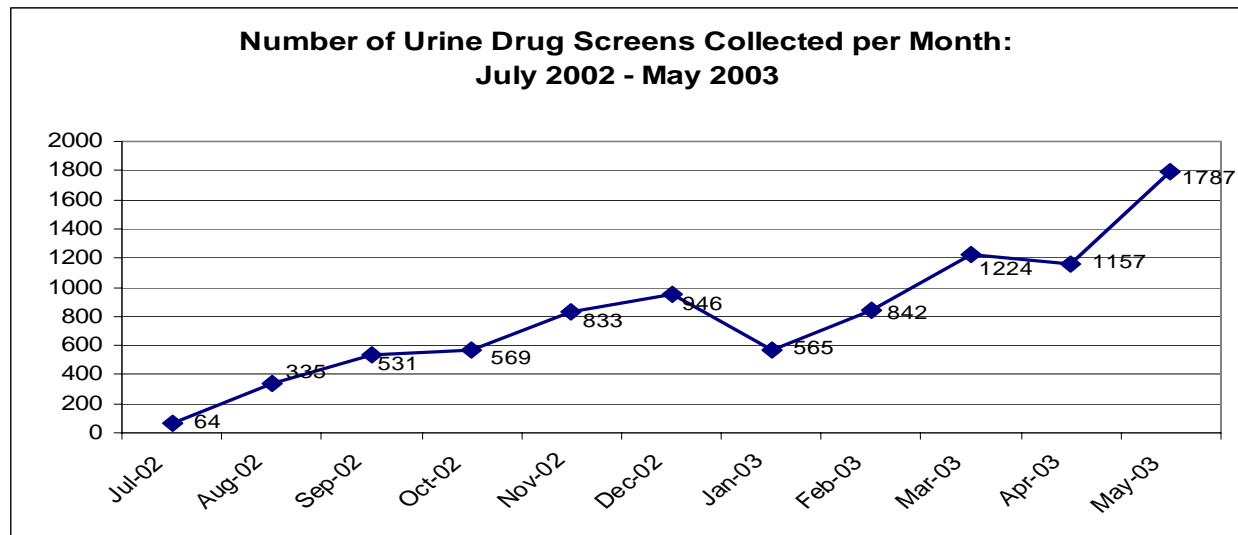
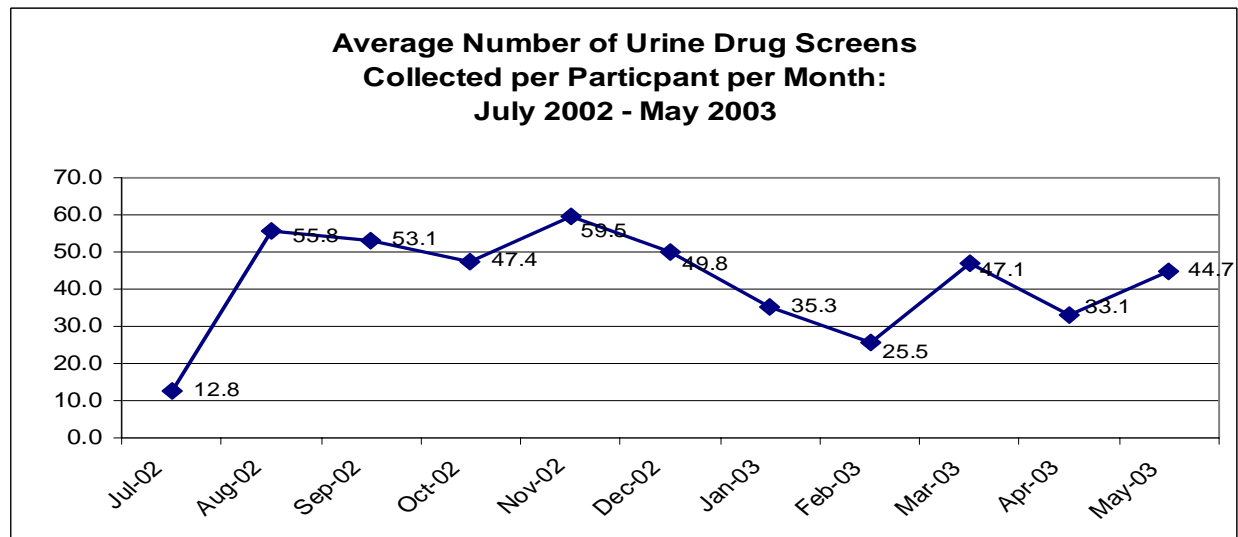


Figure 4



Judicial supervision. Judicial supervision also is a critical component of Drug Courts. Key Component seven states, “Ongoing judicial interaction with each Drug Court participant is essential.” Prior to each Drug Court session, the staff meet in the jury room of the courthouse for “staffing”. During staffing, the Drug Court team reviews and discusses the progress of the participants who will be appearing in court that day. Staffing sessions are informal in nature and include all available members of the Drug Court team. Staffing sessions vary in length depending on the number of participants on the Drug Court docket. Staffing begins at 8:30 a.m. and is held before court begins. Drug Court typically begins at 9:30 a.m. and is held every Tuesday in Greenup County. The Drug Court session in Lewis County is similar to the one in Greenup County with only a few exceptions. The Lewis County Adult Drug Court staffing session is held every other Friday at noon, with the court sessions following staffing. The coordinator provides the judge with a progress report on each participant who will appear in court that day. Each case is discussed and incentives and sanctions are determined depending on the status of the participant. After the progress of each participant is reviewed, the team then discusses the acceptance of any new potential Drug Court candidate.

During the staffing observed by UK researchers, the team and judge worked together closely to make recommendations for particular participant cases. Recommendations made included when a participant would be ready for phase promotion, what sanctions and rewards were appropriate, what participant progress had been made toward the program’s treatment requirements, and what strategies could be used to help a participant progress toward his or her treatment goals. A summary of the observations by researchers from the

University of Kentucky is provided below to give a detailed picture of how Greenup/Lewis Counties Adult Drug Court sessions are organized and conducted:

During the Greenup County Adult Drug Court session, the ambient noise level in the courtroom was mild due to participants and staff members talking quietly. When called by the judge, each participant rose from his or her seat in the courtroom, handed any appropriate paperwork to the judge and went to stand behind a podium in order to speak to the judge. The podium was located approximately two to three feet away from the judge's bench, which was elevated. Participants did not speak into a microphone, nor were they seated next to their attorney. The treatment coordinator, case specialist, and the probation officer all sat at the attorneys' table located directly in front of the judge. The participants were seated in the public seating area of the court while waiting for their individual session with the judge. There was physical contact (a handshake) between two participants and the judge when he acknowledged their phase advancement. The judge sustained eye contact with each participant throughout the court session. Greenup/Lewis Counties does use a fixed sanction algorithm in order to keep sanctions fair and consistent (see Appendix D). There were 18 participants present for the Drug Court session and the average length of time spent by the judge with each participant was 2 minutes and 27 seconds. The mode was 3 minutes and 20 seconds. The median individual session length was 2 minutes and 25 seconds, with the shortest session lasting thirty seconds and the longest session lasting 5 minutes. There was no formal order to cases; however, two participants were seen first by the judge due to family emergencies. The judge spoke to the participants as a group whenever a particular situation arose that the judge thought would be beneficial for the entire Drug Court participant group to hear.

During the Lewis County Adult Drug Court session, the ambient noise level in the courtroom was low. Five participants' cases were reviewed during this session. While waiting to be called, the participants sat together in the public seating area of the court. A probation officer sat in the public seating area of the court to the right of the participants. When a participant's case was called, the participant walked to a stand attached to the front of the judge's bench. The participants spoke into a microphone, which was turned on. The Drug Court coordinator and a deputy sheriff stood to the left of the judge. The participants were not accompanied by a public defender, nor did the prosecutor actively participate in the proceedings. The judge sustained steady eye contact with all participants during the session except for a brief period while he reviewed a participant's journal. All participants remained in the courtroom during the session. No one during the Lewis County session was present in court to be heard on "short notice," meaning that no one was there solely for the purpose of receiving a sanction. Although no participant addressed the courtroom during the hearing, the judge did once to explain that a participant should be applauded for progress made that would allow him to be promoted to a new phase. Following the judge's explanation, all present in the courtroom applauded the participant, who remained at the stand in front of the judge during the applause. The average amount of time spent addressing each Lewis County participant's case was three minutes, as were the modal and median amounts of time on each case. Though this Drug Court uses a fixed sanction algorithm, no sanctions were given during the court session observed. There was no order to the cases being called during this session; however, the Drug Court coordinator explained that the Drug Court team will set an order to cases to meet the needs of individual

participants, as in the case of a scheduling conflict, transportation or child care arrangements, or Drug Court-related appointments.

Sanctions and rewards. Sanctions are applied utilizing a fixed sanction algorithm, while taking into consideration individual participants' program performance history and current relevant circumstances. The entire Drug Court team has input into sanctions; however the judge makes the final determination of which sanction will be used. Positive urine screens, missing work, not completing community service, not completing assignments, being late to Drug Court sessions, and general noncompliance with the Drug Court program all may initiate the use of a sanction. Sanctions include jail time (which varies depending on the severity of the act), phase demotion, additional drug screens, additional treatment, additional contact with NA/AA sponsor, and termination from the program. The Greenup/Lewis Counties Adult Drug Court program has a graduated list of sanctions, which they adopted from a sanction list given to the judge during a Drug Court training in Las Vegas, Nevada (Appendix D).

Participants gain rewards by being compliant with the program rules and showing significant progress on treatment goals. Negative drug screens, good journals, attendance, and no probation violations all may garner rewards for the participants. Rewards that are frequently given to the participants include phase promotion (in which the participant is given a mug and/or a key chain), and reduced amount of contact with Drug Court coordinator. Additionally, participants' achievements may be rewarded through recognition by the judge and Drug Court team.

Community Service. Community service is used as a sanction in the Greenup/Lewis Counties Adult Drug Court program. The number of hours assigned is

determined by the type of infraction committed. The participants are sanctioned with community service hours for various reasons (see appendix D). A variety of agencies are available with which a participant can complete community service requirements. The community service programs available to the Greenup/Lewis Counties Adult Drug Court program include; Helping Hands, the courthouse, the local cemetery, churches, and the Food Pantry.

Good deeds. Good deeds are another component of the Greenup/Lewis Counties Adult Drug Court program. Good deeds are reported informally in Drug Court sessions. The Drug Court uses good deeds in order to help their participants develop a new value system. Homework also is required daily from all the participants in all three phases.

Logic Model of the drug court program. As shown in Figure 5, a logic model (adapted from Harrell, 1996) was developed during the focus group discussion facilitated by University of Kentucky researchers with the Greenup/Lewis Adult Drug Court team, in order to create a one-page graphic representation of important elements of the team's mission. The process of creating the model provided a useful and creative opportunity for the Drug Court team to generate thought-provoking discussion as they worked together to build the model (see Figure 5 to follow). This graphic visually captures critical qualities of the necessary efforts, driving objectives and goals, barriers to achievement, and therapeutic benefits impacting the adult Drug Court's mission to serve its target population. Researchers facilitated the direction of the discussion toward the identification of linkages among Drug Court features to desired outcomes using a standardized protocol (see Appendix C). The information presented below includes both a synthesis of the discussion and specific statements in direct quotes made by team members. The discussion of the

focus group findings follows the order in which the focus group was conducted, beginning with the “target population.” Discussion then focused upon building the logic model from right to left. The team was asked to talk about the long-term goals they had for the participants. Next, moving backward in the logic model, discussion focused upon what short-term goals were needed and used as approximations of the long-term goals. Following this, the group discussed the therapeutic activities that helped the participants reach the short-term goals. The community resources that were available to the program for enacting these therapeutic activities were then described by the team. Finally, the characteristics of the participants and other factors that influenced the activities, short-term, and long-term goals were discussed, and concerns regarding program operations were provided by the team.

Target Population

The Greenup/Lewis Counties Adult Drug Court team described their target population as “drug-addicted individuals” who were not violent felons. One staff noted that individuals with a drug problems that met the criteria for one or more diagnoses from the Diagnostic Manual of Mental Disorders (DSM-IV) was the primary type of individual being targeted by their court. The team noted that they did accept individuals who were charged with trafficking, but only if it was their first offense; otherwise, those who had a history of drug trafficking were not eligible for consideration. The Drug Court only accepts those individuals who are charged with felonies. Other individuals who may be excluded from consideration are those with severe, debilitating mental illness and those with multiple, serious health issues; both types of problems are beyond the capacity of the Drug Court team to address. The team acknowledged that they are not equipped with resources

necessary to treat those with severe mental illness, and the Drug Court offices are not easily accessed by those with physical handicaps or who are seriously ill, as they are located on the third floor of the old Greenup County courthouse. The Drug Court does not currently have the financial resources to provide complete at-home Drug Court case management and services for those who are so physically impaired that they are homebound.

Staff discussed other characteristics of the population the program targets. One team member noted, “[We serve] people who have legal problems,” referring to the fact that a participant’s drug use may be only one of several legal concerns the individual faces. The team tries to provide collaborative services that will resolve or simplify a participant’s legal problems in different courts that attend to cases of various kinds, for instance, participants who are involved in domestic violence issues or child custody cases. Additionally, the team mentioned that they will accept people on a pre-plea diversion track, post-plea agreement, and also as an alternative to probation if appropriate.

Long-term Goals

Similar themes were stated in several ways regarding the Drug Court’s long-term goals identified in order to successfully serve its target population: one staff said, “for the participants to live a clean and sober lifestyle;” another stated, “for them to become sober, taxpaying citizens.” In a similar vein, another staff observed, “[We want them to] become responsible for their lives.” The team agreed that they wanted to promote the development of “educated, employed graduates.”

Some comments made by the team regarding long-term goals identified specific aims regarding program development. One team member referred to the need for the program to reduce recidivism rates. Another staff mentioned that the team hoped to prove the efficacy

of drug courts through the creation of a successful model in Greenup and Lewis counties.

The team also hoped to strengthen and structure the program in such a way that it could serve as a model for future Greenup/Lewis Counties Drug Court projects, such as a juvenile drug court.

Short-term Goals

The Greenup/Lewis Counties Adult Drug Court team recognized that the identification and completion of various short-term objectives is necessary for an individual to complete in order for them to realize their long-term goals. The team noted that they were especially concerned about intervening as early as possible in problem areas, not only the participant's substance abuse issues but also into other, complicating psychosocial concerns that may decrease the capacity of a participant's ability to function and to recover from substance abuse problems. Examples mentioned included participants' involvement in family court disputes, unemployment, and other, non-drug related criminal charges. Connected to this short-term objective, staff identified another short-term objective of quickly enrolling participants in the appropriate programs related to these needs. The team also indicated a desire to engage the participants in "active participation" as soon as possible, so that they would be working in concert with the Drug Court team toward these same ends.

Short-term goals specific to substance abuse and dependence also were identified. The staff related that they must "detoxify" the participants, and begin this process immediately upon program entry. Related to this objective, the team noted that they look for a noticeable, progressive decrease in substance levels with the use of frequent urine screens. Additionally, even though it was conceded to not be as practical as simply hoping

for a decrease in substance levels, a staff member identified that a short-term objective regarding substance abuse in an idealistic sense *should* be the elimination of drug use, as a matter of consistency with programmatic mission. The team recognized that these short-term goals were those that best described what was necessary to accomplish in order to attain the long-term goals identified for the participants and the overall development of a strong, successful intervention program.

Therapeutic Activities

The team was next asked to identify what activities the Greenup/Lewis Adult Drug Court conducts that assists the participants with their efforts to recover from substance abuse and dependence, and further progress toward participants' long-term goals. The team described a comprehensive menu of activities, services and interventions that contributed to therapeutic successes. First, one staff member recognized that the unique capability of this particular Drug Court team to work together in a multidisciplinary fashion was in itself of immeasurable therapeutic value. Staff agreed that each team member brought a needed, useful perspective, and contributed energy and motivation to a common, collaborative mission.

Many other therapeutic activities and services also were identified following this initial observation. Intensive outpatient treatment is provided to the Greenup/Lewis participants through Our Lady of Bellefonte and Comprehend. Individual and group therapy is provided by the Drug Court staff in-house. Aftercare programs provide ongoing services to participants following graduation from the program to promote the maintenance of sobriety and abstinence. Staff also identified the therapeutic value of group therapy provided by Pathways, Inc., which is provided separately to women and men in recognition

of different treatment needs. A “Big Book” study group is also available through Pathways, Inc, providing recovery dynamics-oriented therapy through the AA/NA model. Local AA/NA groups were also described as helpful therapeutic options. Initially, new participants may therapeutically benefit from the use of detoxification centers available in Lexington through the Hope Center for Women and the Hope Recovery Center. When local residential treatment is necessary, the Layne House in Prestonsburg is utilized.

Other activities perceived as therapeutic by the Drug Court team involved services and program components that are not primarily designed for therapeutic purposes but function as such include urine analyses, “homework,” journals, and the educational requirements of the program. Staff identified urine analysis as a motivating influence upon therapy, providing the participant with clear extrinsic motivation to progress in therapy. The activities related to educational achievement, journaling, and “homework” serve to reinforce the development of individual intellectual capabilities, as well as provide opportunity for the participant to engage in reflection and contemplation regarding their therapeutic process.

Community Resources

The Greenup/Lewis Counties Adult Drug Court has mobilized many community resources in order to best serve its participants with a wide range of psychosocial and practical supports. The team praised the contributions of various local churches, which not only provide opportunities for participants to fulfill community service obligations and to complete good deeds, but also offers direct services to the participants through access to its clothing bank and occasional transportation to Drug Court activities, as well as space for AA/NA meetings. Other community fixtures that assist the Drug Court with its

responsibilities to participants include the local jails and sheriff's department in Lewis County that help to administer urine screens; Probation and Parole, who also assist with urine screening; the local newspaper, which has provided good publicity for the program; Vocational Rehabilitation, which assists participants with locating and securing employment opportunities; Red Cross, which provides financially needy participants with rent payments; the Adult Education Center, which offers GED programs to Drug Court participants; and Helping Hands in Greenup, which provides good deeds and community service opportunities.

Individual Characteristics

Next, the team was asked about characteristics of the participants they have served that impact the capability of the Drug Court to effectively serve their needs and facilitate progress toward program and individual goals. Notably, the team identified their program participants as “coming from all walks of life” and described their backgrounds as “running the gamut,” providing examples including local lawyers and nurses who had become participants. They said that their ages ranged “from young to old.” Drugs of choice included “all kinds, including heroin.” Some characteristics of participants that revealed a pattern, however, were educational levels of the majority of the participants, and a particular problem with prescription medication that seemed predominant in the participant population. One staff noted that “over fifty percent were not high school graduates”; another stated, “Over eighty percent have at least a problem with prescription drugs.” Further explanation revealed that many participants have reported through their social histories that prescription drug abuse and dependence began as legitimate treatment from a work-related injury; many of these injuries were reported to have occurred in mining work.

Another characteristic common to many participants is that others within their families also are often addicted to substances, and the participants often have an extensive substance abuse history with drug-related criminal charges in their past. Lastly, the team noted, many participants view substance use and abuse as a “recreational activity,” stating that for many in the area, substance use and misuse is one of very few social opportunities available.

Other Influences

The team was asked about influences outside of the Drug Court’s control that impact their capability to meet participant and program goals. A key factor immediately identified was the lack of and problems with consistent, available transportation. Greenup and Lewis counties are relatively rural areas; some program responsibilities are not geographically located near to each other, and various meetings, sessions and community service obligations the participants must attend pose particularly difficult problems for those in the program who have lost their licenses due to substance abuse criminal charges. This presents an obvious dilemma to both the team and to the participants. A team member recommended the consideration of obtaining permission to grant hardship licenses for these participants to alleviate this difficulty.

Other factors also were described; the influence of participants’ families was viewed as both a positive and negative impact upon the participants’ success, depending on level of family support. Those who were in support of the program’s goals and substance abuse recovery provided the participants with additional external motivation, but families who were not invested in such goals or were opposed to recovery efforts negatively influence the efficacy of the program, the team believed.

Similar to this factor was that of the community's attitude toward Drug Court and substance abuse intervention. Despite what was described as an overall high level of community support, team members related that there are indicators of ambivalence toward the program within the community. The team reported that there are some community members who tend to believe that Drug Court programs "coddle the offender," and therefore they do not wholeheartedly support the program's aims. Other people within Greenup and Lewis counties have "normalized drug use," according to the staff, and thus do not view the mission of Drug Court as a worthwhile endeavor. The team indicated a desire to educate both the community at large and local doctors as to the extent, pervasive nature, and negative outcomes related to substance abuse and dependence, and also to promote recognition of the Greenup/Lewis Counties Adult Drug Court's efficacy in intervening in these problems.

Other influences that were identified by the team as negatively impacting the capability of the Drug Court to successfully realize its goals are the local economy and difficulties in obtaining employment when one has a felony conviction. Not only does the primarily rural area have limited work opportunities, which was viewed by the team as essential to the participants' success and long-term outcomes, but also those who do have openings are wary of hiring people with felony criminal records. Since Greenup/Lewis Counties Adult Drug Court only serves participants with substance-related felonies, this poses a hardship for the majority of participants that the Drug Court team cannot completely alleviate through its services.

Influences identified by the team as beneficial to both program operations and participant outcomes are the KASPERS system, which stands for Kentucky All Scheduled

Prescriptions Electronic Reporting System, and the powerful working chemistry present within this particular Drug Court team. The implementation of KASPERS has proven to be a very useful source of information and assists the team by being able to track participants' prescription drug use. All Kentucky doctors prescribing controlled substances must document the prescription in the KASPERS database, to which the prosecutor on the Drug Court team has access. One drawback to this system is that as of now, it only collects Kentucky data, and with Greenup and Lewis counties being so close to the West Virginia and Ohio borders, there is suspicion among the team that many participants can sidestep the scrutiny of KASPERS by seeking prescription drugs out of state. Promising news that was reported by the team was that KASPERS might become a model prototype for a national prescription drug database currently in the planning stages, to be known as NASPERS.

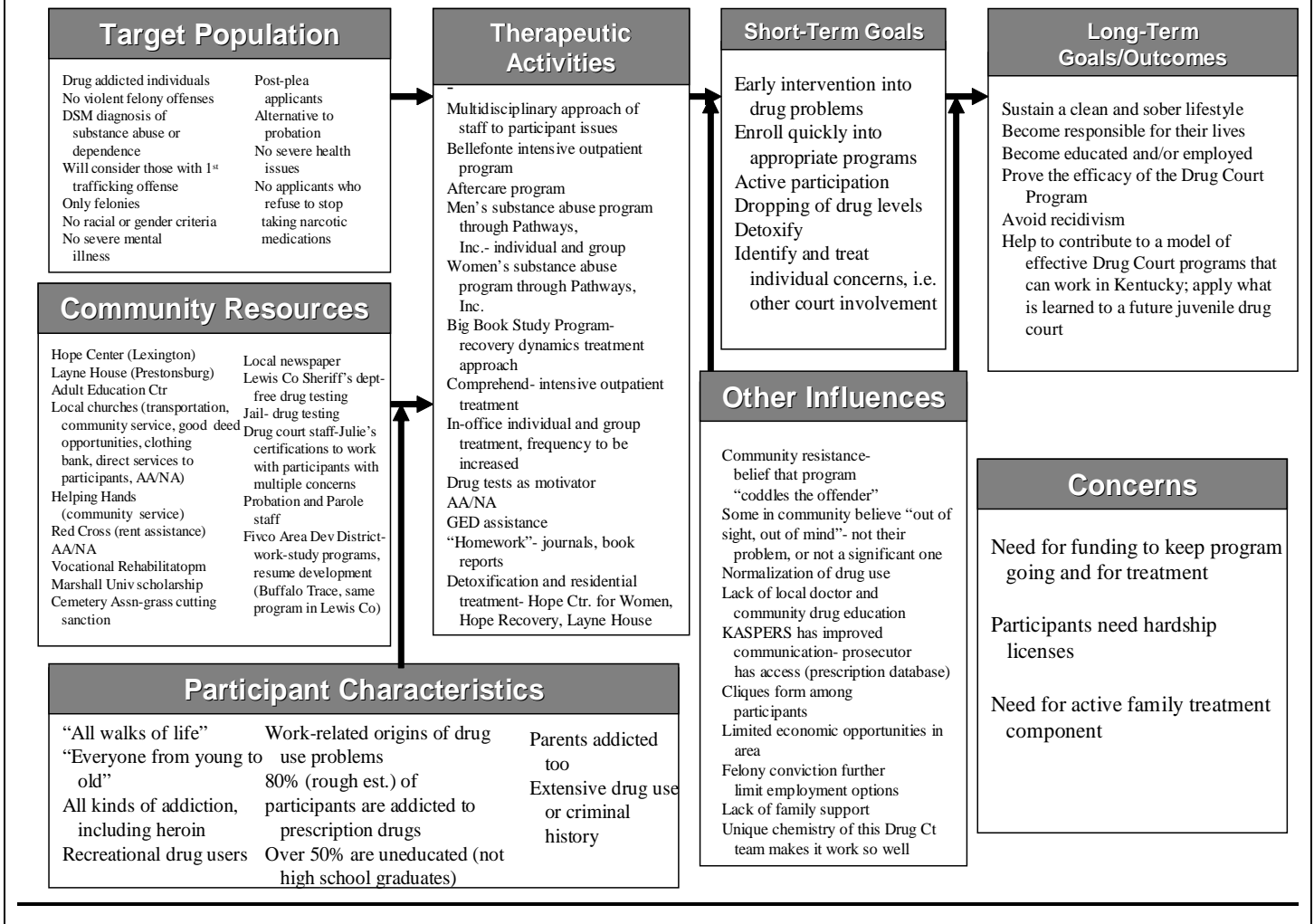
During this discussion, the team recognized its own unique strength as a beneficial influence upon program and participant success. Team members complemented each other and each others' contributions as essential components to the overall functioning of Drug Court, with the judge being particularly named as a strong, smart and effective leader, and the judge commenting on the hard work and attention given to the program by the coordinator, case specialist, and Probation and Parole officer who is specially assigned to the Drug Court program participants.

Program Concerns

The Greenup/Lewis Counties Adult Drug Court team also was asked to identify what concerned them most about the program as it is currently functioning. The primary concern first noted was a lack of funding for treatment alternatives, which are viewed as fundamental program components that most clearly distinguish Drug Court from traditional

criminal court case processing. The team also expressed concern about the participants' ongoing struggles with transportation, and reiterated a need for hardship driver's licenses for the participants. Staff also noted that an on-going program concern was managing "cliques" that develop among the participants, recognizing these to function at times as "unhealthy alliances" that work against recovery efforts and the program's mission. The team indicated that they hoped on-going training for Drug Court programs would provide guidance in addressing this type of dynamic that may develop among its participants. Lastly, community resistance was again raised as a program concern, in a similar vein to the discussion previously noted. In addition to both the "coddling the offender" criticisms raised by some in the community and the normalization of drug use that was identified by the team, it also was noted that there is an "out-of-sight, out-of-mind" viewpoint present in the community; people who do not directly experience the problems posed by substance abuse and dependence either through their own struggles or through the experiences of family and friends may not acknowledge the severity of the problem within the community, and consequently not recognize the difficulty or complexity the Drug Court team faces in attempting to successfully intervene.

Figure 5: Logic Model of the Greenup/Lewis Adult Drug Court



FINDINGS: DURING PROGRAM IMPACT AND OUTCOMES

The primary emphasis of the Greenup/Lewis Counties Adult Drug Court is to help its participants to learn to live drug-free and crime-free lives. Participants are held accountable for their non-compliant behaviors through therapeutic sanctions and are rewarded for their successes. The Greenup/Lewis Counties Adult Drug Court program employed efforts to positively influence the participants involved during this time frame to maintain jobs, to stay drug-free, and to stay offense-free. The component of the report which immediately

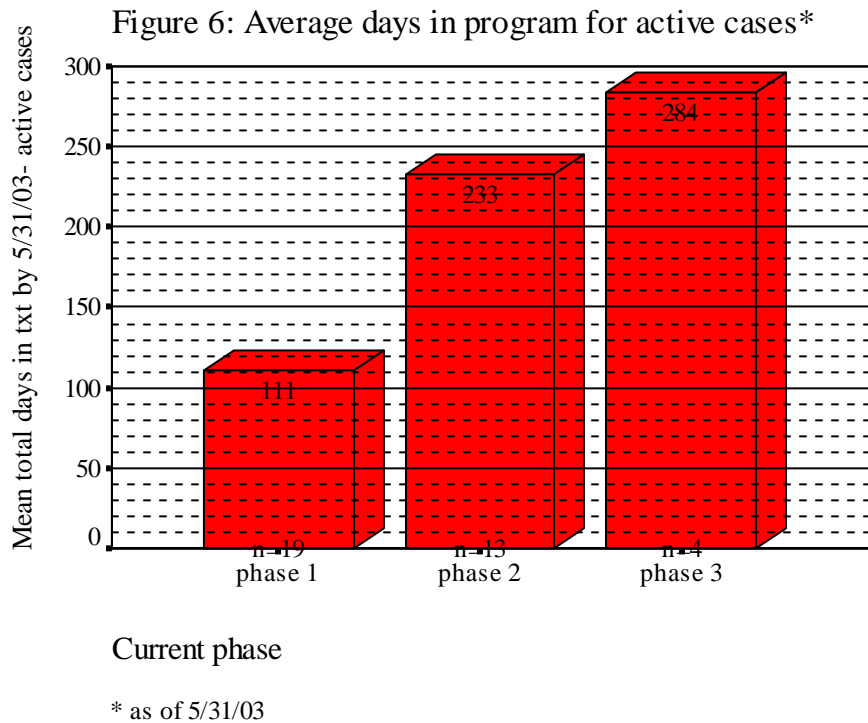
follows summarizes during-treatment measures of retention, recidivism, drug use, employment, sanctions given, and phase promotions given, all which provide insight into the progress achieved during this time by the Greenup/Lewis Counties Adult Drug Court program to meet the multifaceted mission and purpose of Drug Courts.

Retention in Drug Court

Keeping participants in the Drug Court program is an essential and crucial element of the program's success. If the participant is removed from the program, they usually do not continue to receive treatment, which reduces the likelihood that they will experience long-term recovery. During the timeframe examined in this evaluation, the retention rate of the participants was 83%; that is, 38 of the participants either remained active in treatment or successfully graduated the program. Nevertheless, not everyone can be allowed to have indefinitely long stays in the program. Some participants need to be terminated to restore a therapeutic atmosphere, and provide an example to the remaining participants that they will be held accountable for criminal or noncompliant behavior, thus modeling social and programmatic control. During the time frame covered by the current report (July 1 2002-May 31 2003), 8 of the participants were terminated from the program (17% of those who had been active in the drug court during the study time frame). Three participants were terminated for failure to comply with Drug Court program rules, one voluntarily left the program, and four were discharged because they absconded from the program. All eight who were terminated ended their Drug Court involvement while in Phase I, though length of time retained in Drug Court widely varied among the eight, from a low of 21 days to a high of 176 days in the program.

During the time frame covered by this report, two participants successfully graduated from the Greenup/Lewis Counties Adult Drug Court program (4% of those who had been active in the drug court during the study's time frame). This is important because, a large body of research in the substance abuse treatment field and in Drug Court literature shows that program graduates perform significantly better on rearrest/recidivism outcome measures than those who do not finish a program (Belenko, 2001; Logan, Hiller, Leukefeld & Minton, in press; Peters and Murrin, 2000).

Length of retention in drug court, similar to other substance abuse treatment programs, has been correlated with long-term outcomes for participants (Peters, Hawes, and Hunt, 2001; see related substance abuse literature including Zhang, Friedmann, and Gerstein, 2003 and Simpson, Joe, and Rowan-Szal, 1997). The Greenup/Lewis Counties Adult Drug Court has succeeded in establishing an average retention rate in the program at therapeutic levels. As shown in Figure 6, over three months of treatment occur in Phase I, with an average of 111 days during the time frame evaluated. As this data collection was cross-sectional, this means that of those enrolled during this time frame who were actively enrolled by the end of the evaluation period, the average number of days enrolled for individuals who were still in the first Phase of treatment was 111. Phase I in Drug Court is often estimated by drug court researchers to require at least eight weeks of program involvement-approximately 56 days of treatment. However, the data from cases through May 31, 2003 indicates that the capability to meet the requirements of Phase I in actuality appears to take much longer than eight weeks to complete.



Recidivism

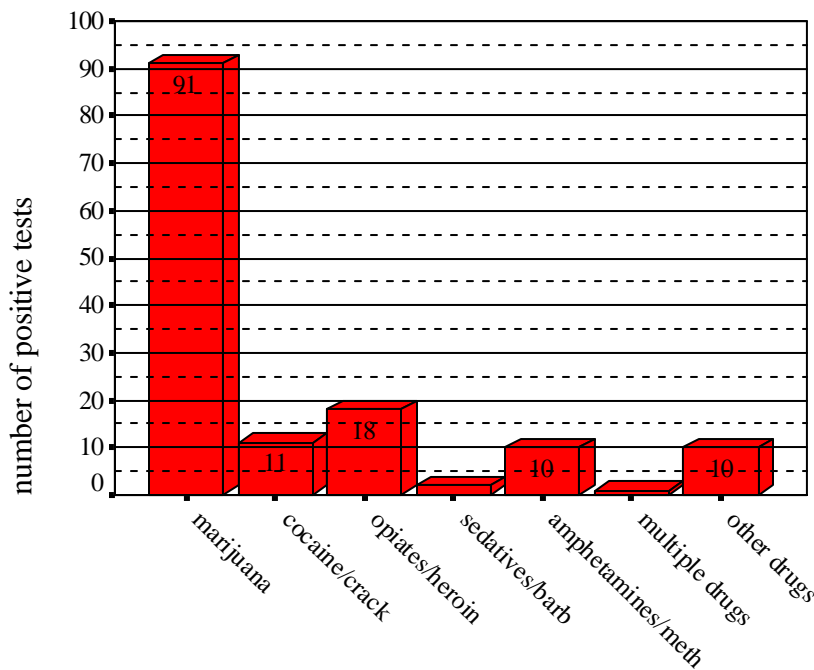
Recidivism (often defined as rearrests) is a fundamental outcome indicator used to judge the effectiveness of criminal justice-based programs. Therefore, one of the primary performance measures for the Greenup/Lewis Drug Court is the number of participants who are arrested for new crimes while they are under the program's supervision. Nine participants (or 20% of the total sample) were rearrested for a new crime during the time frame of the report; however, only two of the participants were rearrested for a felony offense (felony DUI, and domestic violence/assault), the remaining 7 were arrested on misdemeanor charges.

Drug Use

Many of the resources of the Greenup/Lewis Drug Court are focused upon reducing the use of alcohol and other illicit drugs among its participants. Drug Court staff provide

recovery-oriented therapy to their participants and employ frequent urine testing for illicit drugs to determine participant progress and to identify relapses. During the time frame covered by this report there were a total of 143 positive urine screens. Eleven of the urine analyses were positive for cocaine, 10 for methamphetamines/amphetamines, 91 for marijuana, 18 for opiates/heroin, two for sedatives/barbiturates, one for multiple substances, and 10 for other drugs.

Figure 7: Positive drug screens by type



Examined another way, findings showed that 41% of the participants did not test positive for an illicit drug during the timeframe examined by the evaluation. Sixty-five percent did not test positive for marijuana, 91% did not test positive for cocaine, 76% did not test positive for opioids, 96% did not test positive for sedatives, and 91% did not test positive for methamphetamine.

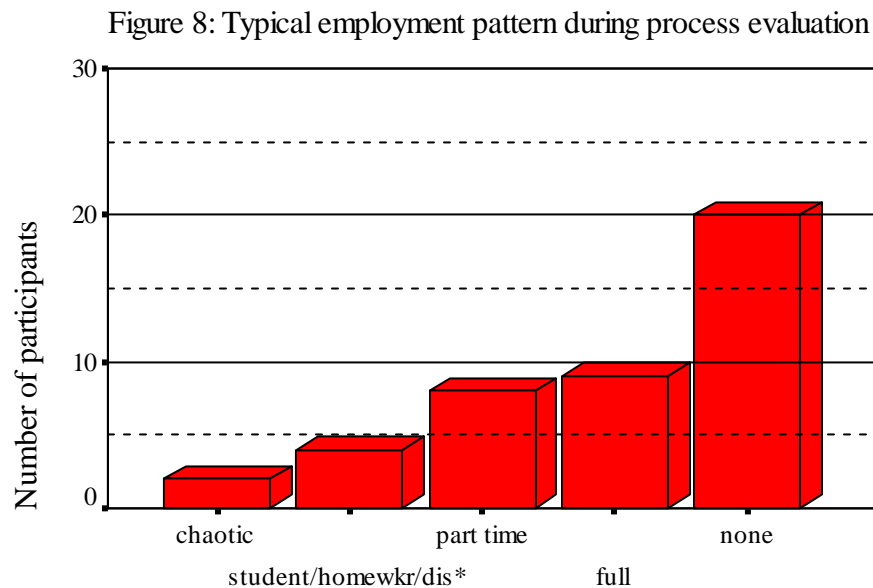
Employment

Employment problems are a reliable predictor of early dropout from treatment among adults in community-based substance abuse treatment programs (Platt, 1995). Employment or active employment-seeking is required of every Drug Court participant unless they are a full-time student.

Employment levels varied across participants during this time period. Being in Drug Court appeared to most benefit the employment status of those participants who were unemployed when first assessed for eligibility in the program. That is, 29 participants reported at assessment that they were unemployed, and of these 29 cases, 27 had during-drug court employment data available in case records to evaluate progress in obtaining employment. Out of these 27 participants, two were able to achieve stable full-time employment during treatment, and six participants achieved stable part-time employment. Eighteen remained unemployed, while one experienced “chaotic” employment during treatment, which is defined as lacking a steady pattern of unemployment, part-time or full-time employment during the evaluation period. Four individuals reported being either a student, a home worker, or disabled as specific reasons for not obtaining employment.

Of twelve participants who reported full-time employment while being assessed for program eligibility, eleven had during-program data available in case records to assess employment status while enrolled in Drug Court. Of these eleven, seven maintained full-time employment, but four became unemployed. Participants reporting part-time employment at intake (n=5) experienced the most variation in during-program employment. Two became unemployed, two retained part-time levels of employment, and one experienced chaotic employment while in Drug Court.

Employment status of participants while enrolled in Drug Court must be considered within the context of two factors unrelated to the program: regional employment availability and the criminal charges which led to the Drug Court program enrollment. Employers may be unwilling to retain workers who have been charged with substance-related felony offenses, regardless of whether or not the employee enrolls in Drug Court. Unemployment rates in these two Appalachian counties are notably higher than the national average, 136.9% and 393.2% of the 2000 U.S. average unemployment rate in Greenup and Lewis counties respectively for 2000. Therefore, drug court participants in rural counties face marked barriers to stable employment which include being part of a stigmatized group (ex-felons) in economically depressed regions.



Typical Employment pattern during process evaluation

* = unemployed due to student, homeworker, or disabled status

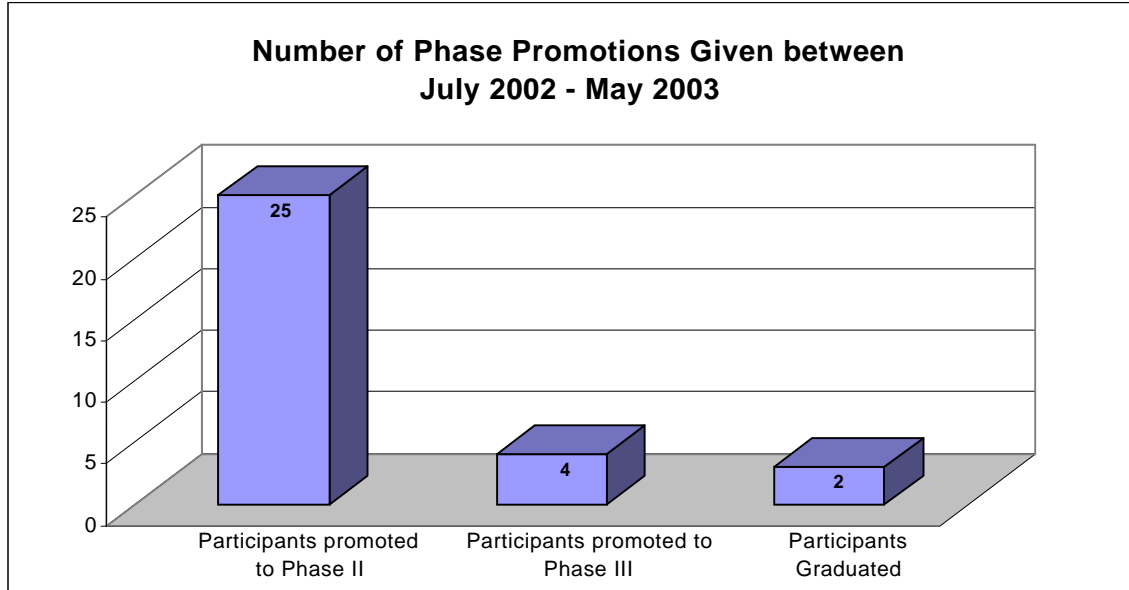
Sanctions

Because Drug Court programs operate as intensive behavior modification programs, sanctions may be viewed as a necessary feature of the program that promotes participant accountability and the development of responsible behavior. When participants are noncompliant, the imposition of sanctions provides needed correction. Review of program records indicated that sanctions were generally used in a consistent manner following specific behavioral problems. The Greenup and Lewis Counties Drug Court program does have a fixed sanction algorithm, and 70% of the participants had received at least one sanction during the timeframe examined in this evaluation. Incarceration was the most commonly received sanction, with 46 of the total sanctions given being jail time that varied in length. Community service was given as a sanction 27 times, increased treatment was given 30 times, and one person was given a sanction listed as other. One participant was demoted to a lower phase.

Phase Promotions

Promotions to a higher phase indicate that the participant is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during-treatment performance measure that provides direct behavioral measures of participants' levels of compliance with treatment plans and program rules. As shown in Figure 7, analysis of data from the monthly statistics showed that 31 Phase promotions were given during the time frame covered by the report. Twenty-five promotions to Phase II and four promotions to Phase III were given. Two participants graduated from the Greenup/Lewis Counties Adult Drug Court program during the evaluation period.

Figure 9



SUMMARY AND CONCLUSION

The Greenup/Lewis Counties Adult Drug Court is firmly grounded in the Ten Key Components that define effective Drug Courts nationwide. The program provides recovery-oriented services and intensive supervision to adults with drug abuse problems. A dedicated team of professionals representing key stakeholders in the problems created by substance abuse and dependency work together closely to help these individuals to begin their recovery, improve social functioning, and quit committing crimes. The Greenup/Lewis Counties Adult Drug Court has matured beyond its planning phase, and is transitioning into a fully implemented cohesive program. In conclusion the Greenup/Lewis Drug Court is in full compliance with the 10 key components outlined for implementing effective Drug Court programs (DCPO, 1999).

References Cited

- Appalachian Regional Commission. (undated) *Regional data results: socioeconomic data for Greenup County, Kentucky*. Retrieved from:
<http://www.arc.gov/index.do?nodeId=56>
- Appalachian Regional Commission. (undated) *Regional data results: socioeconomic data For Lewis County, Kentucky*. Retrieved from:
<http://www.arc.gov/index.do?nodeId=56#Query1>
- Commonwealth of Kentucky. (2000). *Crime in Kentucky: Commonwealth of Kentucky 2000 crime report*. Frankfort, KY: Author. Retrieved from:
<http://www.kentuckystatepolice.org/pdf/Crime%20in%20KY%202000.pdf>
- Harrell, A. (1996). *Evaluation strategies for human services programs*. Washington, D.C.: Urban Institute.
- Kentucky Atlas and Gazetteer. (undated). *Greenup County, Kentucky*. Retrieved from: <http://www.uky.edu/KentuckyAtlas/21089.html>
- Kentucky Atlas and Gazetteer. (undated). *Lewis County, Kentucky*. Retrieved from: <http://www.uky.edu/KentuckyAtlas/21135.html>
- Kentucky Department of Corrections. (1999). *Recidivism 1996-1998*. Frankfort, KY: Author. Retrieved from: http://www.cor.state.ky.us/facts_n_figures/recidivism.pdf
- Kentucky State Data Center. (2003). *Kentucky County Population Estimates by Age, July 1, 2002: Total Population*. Louisville, KY: Urban Studies Institute. Retrieved from: <http://ksdc.louisville.edu/kpr/popest/coest02ar.xls>
- Leukefeld, C.G., Logan, T.K., Farabee, D., Watson, D., Spaulding, H., & Purvis, R. (1999). Drug dependency and HIV testing among state prisoners. *Population Research and Policy Review*, 18 (1/2), pp. 55-69.
- Logan, T.K., Williams, K., Leukefeld, C., & Minton, L. (2000). A process evaluation of a drug court: methodology and results. *International Journal of Offender Therapy and Comparative Criminology*, 44(3), pp. 369-394.
- Logan, T.K. & Messer, J. (2001). *Kentucky Drug Court Addiction Severity Index*. Lexington, KY: Center on Drug and Alcohol Research.
- Logan, TK, Hiller, M. L., Leukefeld, C. G., & Minton, L. (in press). Drug Court Outcomes: Criminal Justice Involvement, Social Adjustment, and Self-Reported Drug Use, *Journal of Offender Rehabilitation*.

- Nurco, D.N., Hanlon, T.E., Bateman, R.W., & Kinlock, R.W. (1995). Drug abuse treatment in the context of correctional surveillance. *Journal of Substance Abuse Treatment*, 12(1), 19-27.
- Peters, R.H., Haas, A.L., and Hunt, M.W. (2001). Treatment dosage effects in drug court programs. In Hennessy, J.J. & Pallone, N.J. (eds.). *Drug Courts in Operation: Current Research*, pp. 63-72. New York, NY: The Haworth Press.
- Peters, R. H., & Murrin, M. R. (2000). Effectiveness of treatment-based drug courts in reducing criminal recidivism. *Criminal Justice and Behavior*, 27(1), 72-96.
- Satel, S.L. (1998). Observational study of courtroom dynamics. *National Drug Court Institute Review*, 1(1), 43-72.
- Simpson, D. D., Joe, G. W., & Rowan-Szal, G. A. (1997). Drug abuse treatment retention and process effects on follow-up outcomes. *Drug and Alcohol Dependence*, 47, 227-235.
- United States Census Bureau. (last revised July 15, 2003). *US Census State and County Quick Facts for Greenup County, Kentucky*. Retrieved from: <http://quickfacts.census.gov/qfd/states/21/21089.html>
- United States Census Bureau. (last revised July 15, 2003). *US Census State and County Quick Facts for Lewis County, Kentucky*. Retrieved from: <http://quickfacts.census.gov/qfd/states/21/21135.html>
- United States Department of Justice. (1997). *Defining drug courts: the key components*. Washington, DC: Department of Justice, Office of Justice Programs, Drug Courts Program Office.
- United States Department of Justice. (2002). *Bureau of Justice Statistics Bulletin: Prisoners in 2001*. Washington, DC: Department of Justice, Office of Justice Programs.
- Zhang, Z., Friedmann, P.D., and Gerstein, D.R. (2003). Does retention matter? Treatment duration and improvement in drug use. *Addiction*, 98, 673-684.

Appendix A

Participant Observation Coding Sheet

Appendix B
Client Record Coding Sheet

Greenup/Lewis Counties Adult Drug Court Implementation Evaluation

Drug Court
Name: _____

Record
Number: _____

1. Program Entry Date _____ Program Exit Date _____
2. Date Record Searched _____ Coder: _____
3. Did the client:
 - 0 - Graduate?
 - 1- Terminate? (If yes, what was the highest Phase of treatment that the client completed ? _____)
 - 2- Still active
4. Which of the following describes the reason for completion/termination?
 - 0- successfully completed tx
 - 1- transferred to another tx agency
 - 2- incarcerated due to new charge
 - 3- incarcerated due to status revoke
 - 4- discharge due to non-compliance with rules
 - 5- absconded
 - 6- voluntarily dropped out/quit
 - 7- still in treatment
5. Gender: 0- Male 1- Female
6. Ethnic Background:
 - 0- White
 - 1-Black
 - 2- Hispanic
 - 3- Asian
 - 4-Biracial
7. Date of birth (m/d/y): _____

Greenup/Lewis Counties Adult Drug Court Implementation Evaluation

8. Children:

0-NO 1-YES

9. # of children:_____

10. Medical status:

0- no medical problems

1- Pregnant (any time in program)

2- Other (specify) _____

11. Does participant smoke:

0-No 1-Yes

LEGEND	
99	Not applicable, legitimately missing
88	Missing, not answered
77	Drug court participant didn't know

12. How many cigarettes per day (within last 30 days):_____

13. Current education:

0 - In school

2 - Vocation training

1 - High School graduate

3 - GED

4 - High School Drop out

5- College education (complete)

6- Working on college degree

14. Employment at intake:

0- Full-time employed

1- Part-time employed

2- Unemployed

15. Typical employment pattern during drug court evaluation process:

0-full

1-part time

2-none

3-student/homemaker//disabled

4-chaotic, explanation_____

16. Living status (during the year before entry into Drug Court):

0- With parents

1- With other relatives

2- Foster care

3- Other (specify) _____

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17.

	<u>Ever Used</u>	<u>Age at first use</u>	<u># days used in past 30 days on the street</u>
<u>Alcohol</u>	<u>0-no 1-yes</u>		
<u>Marijuana</u>	<u>0-no 1-yes</u>		
<u>Cocaine</u>	<u>0-no 1-yes</u>		
<u>Crack</u>	<u>0-no 1-yes</u>		
<u>Amphetamines</u>	<u>0-no 1-yes</u>		
<u>Barbiturates</u>	<u>0-no 1-yes</u>		
<u>Opiates</u>	<u>0-no 1-yes</u>		
<u>Hallucinogens</u>	<u>0-no 1-yes</u>		
<u>Inhalants</u>	<u>0-no 1-yes</u>		
<u>Heroin</u>	<u>0-no 1-yes</u>		
<u>Methadone</u>	<u>0-no 1-yes</u>		
<u>More than 1 substance</u>	<u>0-no 1-yes</u>		
<u>Other</u> <u>Specify _____</u>	<u>0-no 1-yes</u>		

18. Ever received substance abuse treatment? 0- No 1- Yes

19. Substance abuse treatment history:

	<u># of times</u>
Long Term Residential	
Outpatient	
Detox	

20. Ever received alcohol abuse treatment? 0- No 1- Yes

21. Alcohol abuse treatment history:

	<u># of times</u>
Long Term Residential	
Outpatient	
Detox	

22. Ever attended AA/NA? 0-NO 1-YES

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23. Ever received mental health treatment? 0- No 1- Yes

24. Mental health treatment history:

	<u># of times</u>
<u>Residential</u>	
<u>Outpatient</u>	

25. Prescription psychotropic medication history:

Medication Name	Previously prescribed	Currently prescribed
	0-no 1-yes	0-no 1-yes
	0-no 1-yes	0-no 1-yes
	0-no 1-yes	0-no 1-yes

26. Ever promoted? 0-no 1-yes

27. Ever demoted? 0-no 1-yes

28. Current Phase _____

<u>From Phase:</u>	<u>To Phase:</u>	<u>Demotion – 0</u> <u>Promotion - 1</u>	<u>Enter Date</u> <u>MM/DD/YY</u>
		<u>0</u> <u>1</u>	
		<u>0</u> <u>1</u>	
		<u>0</u> <u>1</u>	
		<u>0</u> <u>1</u>	
		<u>0</u> <u>1</u>	
		<u>0</u> <u>1</u>	

Greenup/Lewis Counties Adult Drug Court Implementation Evaluation

****Positive Screens within 3 days of program entry date: do not code as “positive”****

Urinalysis Results

of times participant missed urine drops: _____

of times participant had an abnormally diluted urine: _____

of negative urine drops: _____ (total negative urine screens)

<u>month/year</u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>	<u> / / </u>
<u>marijuana</u>												
<u>crack/cocaine</u>												
<u>opiates/heroin</u>												
<u>sedatives/ barbiturates</u>												
<u>amphetamines/ methamphetam ines</u>												
<u>other</u>												

of times was the participant's urinalysis positive for more than 1 illegal drug? _____

Date of first positive urine: _____ Type of drug: _____

Date of last positive urine: _____ Type of drug: _____

<u>Sanctions</u>			
Type of Sanction?	Ever Received? No – 0 Yes -1	Date of First Sanction:	# of times received:
Any sanctions:	0 1		
Community service:	0 1		
Incarceration:	0 1		
# of days total incarceration:			
Increased Treatments:	0 1		
Home incarceration:	0 1		
Curfew restriction:	0 1		
Book report:	0 1		
Other (specify):	0 1		

Greenup/Lewis Counties Adult Drug Court Implementation Evaluation

29. History of violence:

0- no violence indicated

1- violent act(s)

2- threats of violence

3-history of violence victimization

30. Original charges (date)

31. New charges while in drug court - 1 - Yes 0 – No Date _____

Level: Felony _____ Misdemeanor _____

Type of offense / charges(specify):

32. Amount of time incarcerated over lifetime:

0=never

4=6 months to 1 year

1=less than 1 month

5=1-3 years

2=1-3 months

6=more than 3 years

3=3-6 months

Appendix C
Consent and Script for the Focus Group

Consent to Participate in a Research Study

EVALUATION OF THE DRUG COURT

INVESTIGATOR INFORMATION

Dr. Matthew Hiller (859) 257-9062
Dr. TK Logan (859) 257-8248
Danielle Malluche (859) 257-6052
Barbara Patterson (859) 257-6052
Valerie Bryan (859) 257-1095

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study of the Drug Court because you are a staff member of this program. If you volunteer to take part in this study, you will be one of several people to do so.

WHO IS DOING THE STUDY?

The people in charge of this study are Drs. Matthew Hiller and TK Logan of the Center on Drug and Alcohol Research at the University of Kentucky. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the study is to provide an in-depth description of the Drug Court Program using a logic model format that will document program goals (short and long-term), resources, and target population.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research will be conducted at the Drug Court program offices. You will be asked to come to and participate in a focus group during which you will be asked to describe this program. The total amount of time you will be asked to volunteer for this study will be approximately one hour, the duration of the focus group.

WHAT WILL I BE ASKED TO DO?

You will be asked to participate in a small focus group whose purpose will be to complete a “logic” model of how the Drug Court operates. This focus group will take about 1 hour to complete. You will be asked to provide your impressions about various aspects of the program, including goals, resources, and target population. You will be asked to list a program goal (the expected result), then another, and then another until all goals have been represented on the logic diagram which will be drawn by a researcher/focus group facilitator. Next, outputs (short-term progress indicators) will be identified, followed by activities (specific actions taken and services provided to effect both outputs and goals). Other model components will represent the target population, resources (e.g., materials and personnel available), and antecedent/background (i.e., common participant risk factors) and mediator

variables (such as additional services to which a participant might have access to but are not necessarily controlled by the reentry court like welfare assistance). Finally, you will be asked to suggest logical causal links that will indicate how each part of the model or each component interlinks with each other. Everyone on staff at the Drug Court will be asked to participate in the study, and participation is completely voluntary. You should feel free to choose not to participate in this study.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?

There are no specific reasons that you would be excluded from voluntarily participating in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

Please note that even though we will not identify you by name or title or function in our report or in notes we take during the study, your responses and input during the focus group will be made in the presence of other focus group members, some of whom might be your supervisor or boss. Also, because only a small number of people are participating, we cannot guarantee that your answers will be confidential. It may be that someone who knows you participated in the group will be able to determine or guess that you provided particular pieces of information summarized in the final report. We cannot guarantee that you will not be reprimanded or punished in some other way by your employer because of the information that you share with us. We suggest that if you feel that something you wish to say may be offensive to someone in the group or could possibly provoke a negative reaction from your employer that you refrain from sharing that information. Moreover, some people find participating in a group to be an unpleasant experience, especially when they talk about their job, themselves, or their program. You do not have to answer any questions that you do not wish to answer or provide any information that you do not wish to provide. You can stop or quit the focus group at any time.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. However, your participation in this study may benefit the program because the report might help other's to better understand how the Drug Court works.

DO I HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF I DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST ME TO PARTICIPATE?

There is no charge to you for participating in the study.

WHO WILL SEE THE INFORMATION THAT I GIVE?

We will keep private all research records to the greatest possible extent. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered, but because only a small number of people will be participating in the focus groups, we cannot guarantee that the data will be confidential. It is possible that someone who reads the data summarized in the final report will be able to determine or guess who said what. You will not be identified by name or position or function in any write-ups or notes. You, however, should be reminded that you will be sharing information in front of other focus group participants, and we cannot guarantee that they will keep your statements during the focus group private or confidential. Nor can we guarantee that others will not react in a negative manner to information that you share with us.

You also should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to the proper authorities if it is suspected that you have abused a child, or if you pose a danger to yourself or to someone else. In addition, someone at the University of Kentucky may look at or copy records that could identify you.

CAN MY TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. None of the researchers will think badly of you or treat you differently if you decide not to take part in the study. The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, or if they find that being in the study is of more risk than benefit to you

WHAT HAPPENS IF I GET HURT OR SICK DURING THE STUDY?

Even though it is very unlikely that you will get hurt or become ill because of this study, if you believe you are hurt or if you get sick because of something that is done during the study, you should call Dr. Matthew Hiller at 895-257-9062 immediately. It is important for you to understand that the University of Kentucky will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. That cost will be your responsibility. Also, the University of Kentucky will not pay for any wages you may lose if you are harmed by this study.

WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will not receive any rewards or payment for taking part in the study.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact Dr. Matthew Hiller at 895-257-9062. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-3138. We will give you a copy of this consent form to take with you.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Name of person providing information to the subject

Signature of Investigator

PROTOCOL FOR DRUG COURT FOCUS GROUPS

THE FOCUS GROUP: BRIEF INTRODUCTION

While the facilitator is making the introduction, the note takers should begin to take notes on what is said during the focus groups. They should not sit at the main table, but place themselves unobtrusively to the side. The facilitator will keep notes by writing the responses on the logic model displayed on the easel note pad. The facilitator will encourage but not force consensus on the answers from the group.

THE INTRODUCTION

- “Thank you very much for agreeing to participate in our focus group. This is an important part of our study, and we really appreciate your giving up your time in order to help us out.”
- “Today we are here to discuss the short and long term goals, resources, and therapeutic activities of the adult drug court program. We will ask about what has been planned, how it is going, and what contributes to the way that this program operates.”
- “With this information we will be completing a logic flow model of the program operations, including target population, desired outcomes, resources, therapeutic activities, influences, and concerns with the goal of making a ‘snapshot’ of how the program works.”
- “You are the people who know your program the best, and we encourage you to talk about it as much as you wish. We will be taking notes today, but we will not be keeping track of who said what. We also will not write things in the final report that you do not wish us to put in there.”
- “We think it is important that we all agree that we should feel free to describe the program in our own words. What we really want to develop is a picture of how your adult drug court operates, and to try to capture this in your words.”
- O.K., any questions before we begin?

TOPIC ONE:
TARGET POPULATION

“Let’s start with target population for your adult drug court.”

- Who are the clients targeted by your program?
- What characteristics do you look for when considering if this person is an appropriate candidate for this program?
- What are the criteria adults need to meet in order to be eligible? Are there things that you use as exclusionary criteria? In other words, are there types of clients you would consider to be inappropriate for the program?
- Which characteristics/criteria are the ones that your program is designed to best address, if any in particular?

** Facilitator should “star” the characteristics named as those best addressed by the program*

- Does everybody agree? Is there anything anyone would like to add?

TOPIC TWO:
LONG-TERM GOALS OF THE ADULT DRUG COURT

“O.K., now let’s talk about the long-term goals of the program. To get things started, you may want to think of what it was that you stated in your mission statement as a source from which to derive these long-term goals. This is the end product toward which your efforts are directed, and the overarching purpose of the program. Programs can, and frequently do, have several goals.”

- Who would like to start off identifying some of the goals that this adult drug court is supposed to achieve?
- Does everyone agree? Does anyone have different or additional goals in mind?
- Which of those is the most important goal?
Does everyone agree?

** Facilitator should “star” the most important goals.*

TOPIC THREE:
SHORT-TERM GOALS

“Let’s next talk about the short-term goals. By this, what we mean is the immediate or short-term things you hope to accomplish to help realize your long-term goals. Generally speaking, these are the daily objectives you hope to accomplish with your clients.”

- Who would like to start off telling us some of the specific objectives you expect the participant and/or program to achieve on a daily basis?
- Does everyone agree? Who has another idea?
- Which short-term goals are critical/most critical in meeting the goal you just listed?
- How does each short-term goal relate to a long-term goal?

** Facilitator should “star” the most important ones*

- Does everybody agree? Is there anything you would like to add?

TOPIC FOUR:
THERAPEUTIC ACTIVITIES

“We will now move to discuss program services and other activities. Meaning, those services and activities that are expected to produce results which will meet the stated short- and long-term goals. In other words, what do you do with the participants on a daily basis?”

- Can anyone start us off by telling us what are the activities and/or services that this program provides?
- Does everyone agree? Who has another idea to put on the model?
- Which short- and/or long-term goal is this activity supposed to meet? How?
- Which activities/services have the biggest impact on the short- and long-term goals?

** Facilitator should “star” the most important ones*

TOPIC FIVE:

COMMUNITY RESOURCES

“Let’s next talk about community resources. What resources are available, both internal and external, which help you to provide services? For example, are volunteer groups available?”

- What types of supports do you receive from the community? Other programs/service agencies?
- Do you have volunteer staff/mentors?
- Which resources are most essential to your meeting short-term and long-term program and participant goals?

** Facilitator should “star” the most important ones*

- Does everybody agree? Is there anything you would like to add?

TOPIC SIX:

PARTICIPANT CHARACTERISTICS

“Now we would like to make a list of all the participant characteristics that you think may influence the outcomes and/or use of program services. These may pertain to certain psychological traits present in your target population, or patterns or traits evident in their environments, such as neighborhood, family, or peer-group. This may also include any other personal or demographic characteristics of participants.”

- What similarities or patterns of behavior do you see in your target population?
- What characteristics of the participants will have a strong impact on whether they will realize the short- and long-term goals of the program?
Does everyone agree?

- Which one of these do you think has the *strongest* influence on program outcomes?

** Facilitator should “star” the most important ones*

- Does everybody agree? Is there anything else you would like to add?

TOPIC SEVEN:
OTHER INFLUENCES

“We will now talk about other ways in which your programs’ efforts toward meeting short- and long-term goals are influenced. These could include, for example, accessibility to and utilization of services outside the program, community social norms and attitudes, social factors such as peer groups, living arrangements, family functioning, etc...”

- Do participants have ready access to other types of services in the community that can help them achieve their goals and support them?
- What about particular community attitudes or social norms?
Does everyone agree?
- What about the influences of peer groups? Family?
- Which of these do you think exerts the strongest influence on the short- and long-term goals of the program?

** Facilitator should “star” the most important ones*

- Does everyone agree? Is there anything else you would like to add?

TOPIC EIGHT:
PROGRAM CONCERNS:

“Lastly, we want to allow you the opportunity to raise any other issues or concerns related to how your program is functioning. This would include anything not discussed yet that you think makes meeting your program’s goals more difficult, either in all cases or in particular situations.”

- Are there common barriers to services that all or a majority of participants must face?
Can you describe these?
- What about complications experienced by the program in providing services?

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- Are there services needed that are not available which would make the program more effective?
- Any comments about what overall would make your work easier?

“Does anyone have anything else that they wish to add to the logic model? Have we missed anything? Have we put anything down on the graphic wrong? Thank you very much for your time. This has been an interesting and engaging exercise and we hope you enjoyed it. Have a good day.”

Appendix D
Sanction List

Greenup/Lewis Counties Adult Drug Court Implementation Evaluation

PHASE I- SANCTIONS

Failed to do journal	1 st -Come to Drug Court office & write out journal 2 nd -Report to jail & write out journal-released when completed 3 rd - 24 hours in jail & write out journal in jail 4 th -48 hours in jail & write out journal in jail
Failed to hand in AA/NA proof, or journal & actually did it	1 st - Hand in by noon 2 nd -Hand in by end of day 3 rd -Community service for 8 hours & hand in within 24 hours 4 th -Community service for 16 hours & hand in within 24 hours
Positive drug screen or diluted	1 st -Report to criminal for one session & attend 1 extra AA/NA for 1 week 2 nd -Community service for 8 hours & attend 2 extra AA/NA per week for 2 weeks 3 rd -Community 16 hours & attend 3 extra AA/NA per week for 3 weeks 4 th -24 hours in jail & attend 3 extra AA/NA for 4 weeks; go to jail immediately upon positive test 5 th -48 hours in jail & attend 4 extra AA/NA for 4 weeks; go to jail immediately upon positive test 6 th -72 hours in jail & attend 4 extra AA/NA for 4 weeks; go to jail immediately upon positive test
Missed AA/NA meeting	1 st -Attend extra N meetings per week for 1 week 2 nd -Community service for 8 hours & attend N extra meetings for 2 weeks 3 rd -24 hours in jail & attend N extra meetings for 3 weeks 4 th -48 hours in jail & attend N extra meetings for 4 weeks
Missed treatment or court appearance	1 st -Community service of 8 hours & attend N extra AA/NA per week for 1 week 2 nd -24 hours in jail & attend N extra AA/NA meetings per week for 2 weeks; immediately go to jail 3 rd -48 hours in jail & attend N extra AA/NA meeting per week for 3 weeks; immediately report to jail 4 th -72 hours in jail & attend N extra AA/NA meetings per week for 4 weeks; immediately report to jail 5 th -96 hours in jail & attend N extra AA/NA meetings per week for 5 weeks; immediately report to jail
Fired from employment	30 hours/week of community service until find new employment or attend 30 hours of GED if appropriate
Curfew violation	1 st -Attend criminal court for one session 2 nd -8 hours of community service 3 rd -24 hours of jail; report immediately to jail

PHASE II-SANCTIONS

Failed to do journal	1 st -Come to Drug Court office & write out journal 2 nd -Report to jail & write out journal-released when completed 3 rd - 24 hours in jail & write out journal in jail 4 th -48 hours in jail & write out journal in jail
Failed to hand in AA/NA proof, or journal & actually did it	1 st - Hand in by end of day 2 nd - Hand in by noon 3 rd -Community service for 8 hours & hand in within 24 hours 4 th -Community service for 16 hours & hand in within 24 hours
Positive drug screen or diluted	1 st -Report to criminal for one session & observe for one session 2 nd -Community service for 8 hours & attend 2 extra AA/NA per week for 2 weeks 3 rd -24 hours in jail & attend 3 extra AA/NA for 3 weeks; go to jail immediately upon positive test 4 th -48 hours in jail & attend 3 extra AA/NA for 4 weeks; go to jail immediately upon positive test 5 th -Back to Phase I
Missed AA/NA meeting	1 st -Attend extra N meetings per week for 1 week 2 nd -Community service for 8 hours & attend N extra meetings for 2 weeks 3 rd -24 hours in jail & attend N extra meetings for 3 weeks 4 th -48 hours in jail & attend N extra meetings for 4 weeks 5 th -Back to Phase I
Missed treatment or court appearance	1 st -Report to criminal court & observe for one session& attend N extra AA/NA for 1 week 2 nd -Community service of 8 hours & attend N extra AA/NA per week for 2 weeks 3 rd -24 hours in jail & attend N extra AA/NA meetings per week for 3 weeks; immediately go to jail 4 th -48 hours in jail & attend N extra AA/NA meeting per week for 4 weeks; immediately report to jail 5 th -72 hours in jail & attend N extra AA/NA meetings per week for 5 weeks; immediately report to jail 6 th -96 hours in jail & attend N extra AA/NA meetings per week for 6 weeks; immediately report to jail 7 th -Back to Phase I
Fired from employment	30 hours/week of community service until find new employment or attend 30 hours of GED if appropriate
Curfew violation	1 st -Attend criminal court for one session 2 nd -8 hours of community service 3 rd -24 hours of jail; report immediately to jail

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PHASE III-SANCTIONS

Failed to do journal	1 st -Come to Drug Court office & write out journal 2 nd -Report to jail & write out journal-released when completed 3 rd - 24 hours in jail & write out journal in jail 4 th -48 hours in jail & write out journal in jail
Failed to hand in AA/NA proof, or journal & actually did it	1 st - Hand in by end of day 2 nd - Hand in by noon 3 rd -Community service for 8 hours & hand in within 24 hours 4 th -Community service for 16 hours & hand in within 24 hours
Positive drug screen or diluted	1st-Community service for 8 hours & attend 2 extra AA/NA per week for 2 weeks & 1 extra treatment per week for 2 weeks 2nd-24 hours in jail & attend 3 extra AA/NA for 3 weeks; & 2 extra treatment per week for 3 weeks 3rd-48 hours in jail & attend 3 extra AA/NA for 4 weeks & 2 extra treatment per week for 3 weeks 4 th -Back to Phase II
Missed AA/NA meeting	1 st -Community service for 8 hours & attend N extra meetings for 2 weeks 2 nd -24 hours in jail & attend N extra meetings for 3 weeks 3rd-Back to Phase II
Missed treatment or court appearance	1st-Community service of 8 hours & attend N extra AA/NA meetings for N weeks 2 nd -24 hours in jail & attend N extra AA/NA meetings per week for 2 weeks; immediately report to jail upon positive test 3rd-48 hours in jail & attend N extra AA/NA meeting per week for 3 weeks; immediately report to jail upon positive test 4 th -Back to Phase II
Fired from employment	30 hours/week of community service until find new employment or attend 30 hours of GED if appropriate
Curfew violation	1 st -Attend criminal court for one session 2 nd -8 hours of community service 3 rd -24 hours of jail; report immediately to jail